



MONTANA VA
Health Care System

PSYCHOLOGY INTERNSHIP PROGRAM 2023/2024



APPIC/NMS Program Code: 2300
Applications Due: 11/06/2022 at 11:59 PM EST

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MONTANA VA HEALTH CARE SYSTEM PSYCHOLOGY INTERNSHIP PROGRAM

Montana VA HCS
Fort Harrison Medical Center
3687 Veterans Drive
P.O. Box 1500
Fort Harrison, MT 59636

APPIC/NMS Program Code: 2300
Applications Due: 11/06/2022 at 11:59 PM EST
2023-2024 Training Year begins: 07/17/23
Website: <https://www.va.gov/montana-health-care/work-with-us/internships-and-fellowships/psychology-internship-program/>

ACCREDITATION STATUS

The **Montana VA Health Care System Psychology Internship Program (MTVAPI)** is currently accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) as of December 6th, 2016. The next site visit is anticipated to be in 2025.

Questions related to our accreditation status can be directed to the Commission on Accreditation:

*Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979/E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation*

All other questions about the internship program may be directed to **Joanna McCormick, Ph.D.**, Training Director, at Joanna.McCormick@va.gov or 406-447-6000.

APPLICATION AND SELECTION PROCEDURES

APPLICATION REQUIREMENTS

Our internship seeks students from APA, CPA, or PCSAS accredited Ph.D. or Psy.D. clinical or counseling programs who are in good standing. Applicants must have completed at least 3 years of academic study, have completed their comprehensive or qualifying exams, and have proposed their dissertation. In addition, applicants must have completed a minimum of 300 intervention hours and 50 assessment hours during their doctoral program. Applicants who have a strong interest or background in rural mental health or in working with veteran populations will be a particularly good fit for this internship program.

Montana VA Health Care System encourages candidates from diverse backgrounds to apply. We welcome individuals who are members of underrepresented groups, sexual orientation, and disability status. The selection of Psychology Interns must be consistent with equal opportunity and non-discrimination policies of Montana VA Health Care System as well as the guidelines and policies of APPIC and APA's Commission of Accreditation. As an equal opportunity training program, the training program welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status. Furthermore, we are committed to non-discrimination in employment of our staff on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

The Montana VA Healthcare System Psychology Internship Program strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its Interns. Diversity among Interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by Montana VA Health Care System to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. Our training program strives to make every effort to increase awareness, dispel ignorance, and increase comfort with multicultural experiences.

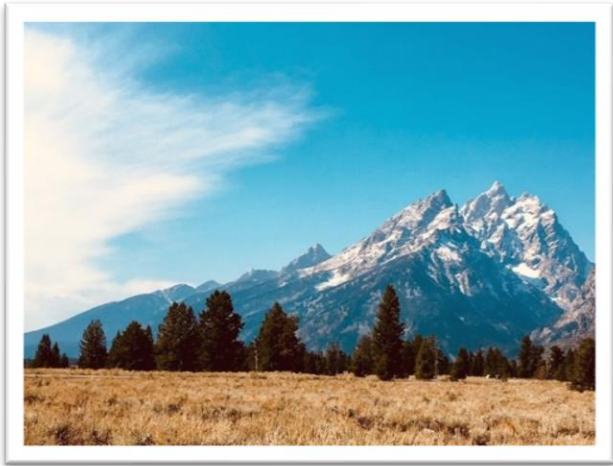


ADDITIONAL VA REQUIREMENTS

As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment. Male, for this purpose, is any individual born male on their birth certificate regardless of current gender. Males required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. Be aware that the VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who is found to use illegal drugs on the basis of a verified positive drug test (even if a drug, such as marijuana or CBD, for example, is legal in the state where training); or refuses to be drug tested. VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/affiliation-agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Intern's institution must complete and sign this letter. Intern's VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that the Intern is fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects the Intern, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA. Much like the Influenza vaccine, all HPTs in a VA facility must



be fully vaccinated for COVID-19 or have an exemption filed (medical or religious) with the Designative Education Officer (DEO) and final approval determined by the facility director. <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

- b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/hpt-eligibility.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The Montana VA Psychology Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

APPLICATION PROCEDURES

We are members of APPIC and will be participating in the National Matching Service. Please be sure to obtain an Application Agreement Package from the National Matching Services, Inc to register for the Match. For applications to be considered complete, the following materials must be received through APPIC by 11/06/2022 no later than 11:59PM, EST:

- Online APPIC Application for Psychology Internship (AAPI), at www.appic.org.
- Curriculum Vita
- Three letters of recommendation
- Official Transcript of graduate work sent directly by your university
- Academic Program Verification of Internship Eligibility and Readiness form - submitted by the Director of Clinical Training
- Cover Letter

COVID-19 IMPACT ON SELECTION

Montana VA Psychology Training Programs seeks to provide the highest quality Veteran care, training, and supervision possible. During this time of global pandemic, a variety of adjustments have been made to ensure continuity of clinical services as well as training experiences and

supervision. The safety of our patients, staff, and trainees is a top priority. As such, some amount of clinical, supervision, and training experiences may be delivered in a “virtual” format for the foreseeable future.

We recognize that various diversity factors, to include race, health status, and age, may increase the risk of COVID-19 for some applicants. We acknowledge that not all applicants will have had the same training opportunities typically expected due to the consequences of the pandemic. As a Training Program we will collaborate with prospective applicants and matched interns to meet your needs as much as we are able.

SELECTION AND INTERVIEWS

Montana VA Health Care System is offering *four* internship slots for the 2023-2024 Internship class. Applications for the Psychology Internship Program at Montana VA Health Care System will be reviewed for completeness and goodness of fit. Our program seeks trainees who can demonstrate an interest in working with veterans, as well as individuals who are interested in working with rural and highly rural/frontier populations. Previous VA experience is a plus, although not necessary. We are seeking candidates who have strong academic backgrounds and are skilled in diagnostic assessment and intervention.

Selection Committee: The selection committee is comprised of the Training Director, the Associate Training Director, and at least two other psychologists involved in the training program. MTVAPI seeks applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in standard assessment, intervention, and scholarly practice, and the personal characteristics necessary to function well in this internship setting. The selection criteria are based on a "goodness-of-fit" with the Scholar-Practitioner model, and the program seeks Intern applicants whose training goals match sufficiently the training that is offered in our geographically rural and veteran-focused training site. Consistent with the Ethical



Code of the American Psychological Association, Montana VA Health Care System Intern applicants are not required to self-disclose sensitive topics during application to the program. Selection of candidates for our Psychology Internship Program comes from different kinds of programs and theoretical orientations, different geographic areas, different ages, different ethnic backgrounds, and different life experiences.

In the Intern selection process, all applications are initially reviewed by at least one member of the Selection Committee and suitable applicants are identified to go to the next round. This

process is completed by examining the Intern's cover letter, AAPI essays, letters of recommendation, review of practicum training, experience with Veteran populations, experience and interest in rural mental health, current dissertation status, and professional interests.

Interviews: Due to COVID-19 travel-related concerns and restrictions Montana VA will be holding remote interview days for the 2023-2024 selection year. Participation in a 6 hour remote interview is preferred of all applicants who make the final selection. Remote interview days will involve a live informational session with the Training Director and relevant training staff, an opportunity to meet current interns, a virtual tour of our facility, and at least two one-on-one interviews with training staff. Candidates for the Montana VA Psychology Internship (MTVAPI) are encouraged to attend the full remote interview. However, occasionally and due to unique circumstances, remote interviews on other days will be considered. These shorter interviews would involve meeting for 45 minutes with two training psychologists. Please note that due to issues of equity no in-person site visits will be granted. Applicants who are not invited for interviews will be notified via email by December 15th, 2022.

Tentative Interview Dates for 2023-2024 Training year

Wednesday, January 11th, 2023 ~ 8:00am-2:30pm MST

Thursday, January 19th, 2023 ~ 8:00am-2:30pm MST



ADDITIONAL QUESTIONS

If there are additional questions regarding the application procedure, please contact the Associate Training Director:

Gretchen Lindner, Ph.D., Associate Training Director

Montana VA Health Care System

Travis W. Atkins Clinic (Bozeman CBOC)

1101 East Main Street, Bozeman, MT 59718

(406) 582-5352 direct

gretchen.lindner@va.gov

STIPEND AND BENEFITS

STIPEND

For the 2023-2024 internship year, interns will receive a stipend of \$26,297, paid in 26 biweekly installments.

BENEFITS

Interns will receive full health insurance benefits. Interns are entitled to holiday pay (11 federal holidays a year) and they will accumulate 4 hours per pay period of annual and sick leave, amounting to 13 days of sick and vacation leave. Occasionally, there will be an executive order granting federal employees last-minute, additional time off (e.g., Christmas Eve, Day of Mourning) for which interns without patients scheduled are also eligible. Interns are also allotted up to 5 days per year for administrative absence, available for use for professional development needs such as conference participation, post-doc interviews, dissertation defense, etc.

The national VA website has additional information regarding Psychology Training:

<https://www.psychologytraining.va.gov/index.asp>

INTERNSHIP SETTING

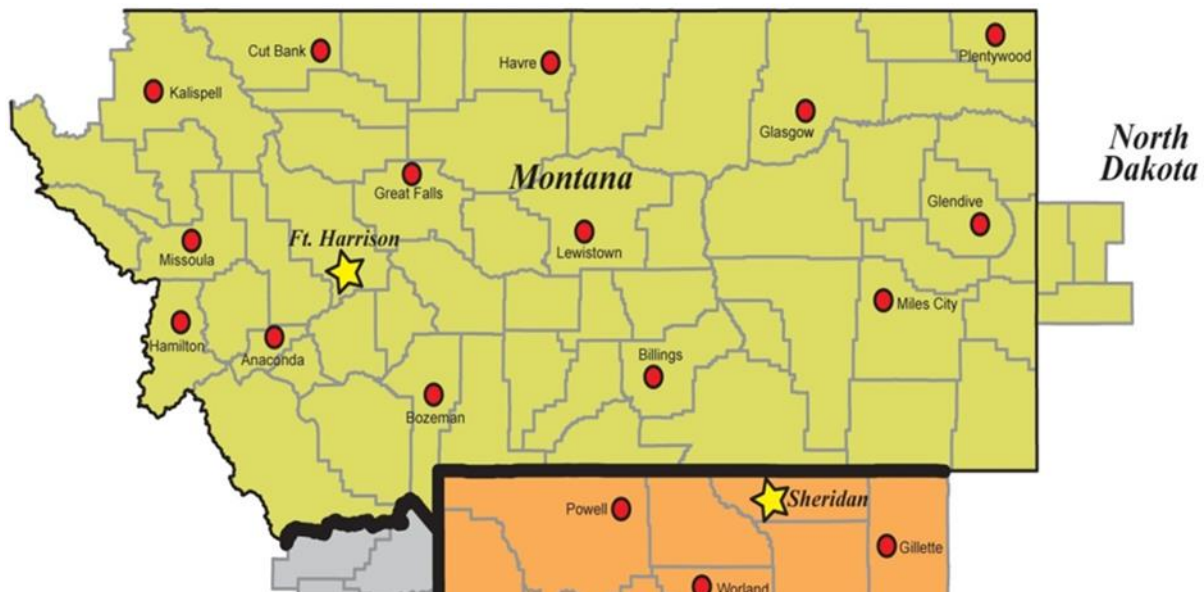
The Psychology Service at the Montana VA Health Care System (MTVAHCS) is comprised of twenty-seven psychologists, under the leadership of the Chief of Psychology Service, Dr. Robert Connell, Psy.D., ABPP. The MTVAHCS is also in the process of hiring numerous additional psychologists, that are anticipated to be on board prior the 2023-2024 internship year. For example, we are anticipating several psychologists to be hired for positions at the Bozeman, Butte, and Kalispell CBOCs, a General Outpatient psychologist at Fort Harrison Medical Center, a Residential Program psychologist, and several PCMHI psychologists, to all be on-boarded before the Spring of 2023. While the majority of the psychologists maintain a primary affiliation with the Behavioral Health Service, psychologists are also assigned across several service lines within this expansive health care system (e.g., Ambulatory Care Service; Surgery/Anesthesiology; Hospital and Specialty Medicine; and the Office of the Chief of Staff). The Psychology Service at Montana VA Health Care System has a history of hiring MT VA psychology Interns, as well as previous MT VA psychology intern applicants.

Psychologists serve in a wide variety of administrative and clinical functions within the MTVAHCS. They are located within several programs at the Fort Harrison Medical Center and the area Community Based Outpatient Clinics (CBOCs). Psychologists at Montana VA Health Care System act as integral parts of an interprofessional team, working with psychiatrists, social workers, and psychiatric nurses and nurse prescribers. They provide their expertise in the areas of residential treatment, substance use disorders (SUDS), PTSD, primary care/mental health integration, and outpatient behavioral health. Psychologists also consult with primary care, neurology,

community living centers, home-based programs and other specialty programs to provide integrated treatment to Veterans.

Montana is the fourth largest state geographically and has one of the largest per capita Veteran populations. In an attempt to reduce Veteran travel and to expand our reach in offering empirically based treatments for our Veterans, the Montana VA has developed a greater presence in Missoula, Bozeman, Billings, Great Falls, Havre, Butte, Glendive, Miles City, and Kalispell by recruiting quality staff members equipped to practice with staff available on-site and through telehealth technologies.

Below is a map of Montana marked with the location of each VA hospital or clinic:



Montana VA is truly a health care system tackling the challenges of providing rural care. Challenges include geographic isolation and long distances between towns and available health care options. Our VA serves over 47,000 enrolled Veterans across Montana; an area roughly 147,000 square miles in size. A former Montana U.S. Senator aptly described it this way, *“There’s a lot of dirt between light bulbs in Montana.”*¹

With little or no public transportation available in many of Montana’s isolated, rural communities, access to local primary care or behavioral health,² as well as out-of-town specialty medical services, is a concern. Nearly 96% of Montanans drive themselves or get a ride from a friend when traveling to a doctor’s office; less than 1% use public transportation because public transportation is found primarily in urban areas.³ Montana has only two VA facilities that can offer inpatient care. Fort Harrison is a medical-surgical facility that hosts a 34-bed acute care and 24-bed inpatient mental health. The 14-bed Community Living Center for Montana VA is located

¹ Senator Conrad Burns, U.S. Senate Floor, December 8, 2004

² Montana State Rural Health Plan 2021, <https://dphhs.mt.gov/assets/qad/FlexGrantStateRuralHealthPlan.pdf>

³ Centers for Disease Control, Behavioral Risk Factor Surveillance System Data (BRFSS) State Added Question, “Travel Access To Health Provider,” 2005.

in Miles City, with approximate drive time direct from Fort Harrison between 5 to 7 hours, dependent on road conditions. Thus, Montana VA, with multiple outpatient clinics located far and wide, strives to serve veterans as close as possible to where they are located.

The mission of MTVHCS is to offer options of timely, quality services for Veterans through care and respect for one's physical, psychological, and spiritual health. As an early adopter of telehealth technology Montana continues to use rapid innovations with all types of healthcare providers to meet the needs of our population. As a training program we are excited to have psychology interns participate in this mission.

FACILITY AND TRAINING RESOURCES

Interns will be provided with office space, computer and phone access at their primary rotation sites. Currently, interns are also provided a VA-issued laptop in case of needing to telework due to COVID-19. Interns have the same access to resources as clinical staff, including scheduling assistance, computer help desk, and clerical staff. Montana VA Health Care System uses the Computerized Patient Record System (CPRS) which is available in all offices used by Interns. Secure teleconferencing equipment and teleconferencing support staff are available to Interns and can be used for tele-mental health services, didactics, and consultation. Interns and staff will have online access to journals and library support. Interns will also have access to telehealth technology to provide psychological care to veterans across the state as needed. Interns will have access to shared space, such as the kitchen, group room, and conference room, and copier/supply room within the Behavioral Health department. Video-teleconferencing will be available to support didactic training and clinical case conferences. Also available are the free on-site gym and walking trails to encourage healthy work/life balance for our Interns and staff.

Fort Harrison Medical Center

The majority of the Intern's experience will take place at the Fort Harrison VA Medical Center near Helena, Montana. The Montana VA Healthcare System is a Joint Commission accredited, complexity level 2 facility. Fort Harrison Medical Center offers care to all of the Veterans in the state of Montana. Services provided at Fort Harrison include medical and surgical outpatient specialties, physical rehabilitation, radiology, 24/7 pathology and laboratory services, pharmacy, mental



health, and residential rehabilitation programs for substance abuse and PTSD. The Fort Harrison Medical Center is the only VA hospital in Montana and serves adjacent regions in VISN19 (including areas in Idaho, Wyoming, and Colorado). Additionally, the facility and provides care to Veterans living in Canada and the Dakotas. Montana VA Health Care System offers a rich

opportunity for Interns to work with highly rural and underserved Veterans. Montana is considered a highly rural, underserved state with 15% of its population living below the poverty level and it has one of the largest per capita Veteran populations in the country.

Bozeman Community Based Outpatient Clinic



Interns will have the opportunity to complete rotations at the Bozeman VA CBOC. The Bozeman teams consists of three BH psychologists, a social worker, a substance abuse counselor, and 2 primary-care mental health integration psychologists. The CBOC also houses 4 PACT teams, a telehealth technician, and an eye clinic. Bozeman is home to Montana State University, which is consistently

ranked as one of the most Veteran-friendly universities in the country. Rated an All-America City, Bozeman is a tourism venue for skiing and other outdoor activities, and visitors can utilize Bozeman Yellowstone International Airport. Yellowstone National Park is easily accessible by car from Bozeman, MT. Fort Harrison Medical Center is a 90 minute drive away from Bozeman, MT. VA provides a government vehicle for travel to this site and time is allotted for travel to support this training opportunity.

Missoula Community Based Outpatient Clinic

Interns will have the opportunity to complete rotations at the Missoula CBOC, which is a large community-based outpatient clinic. Missoula is home to the University of Montana and the only APA accredited Ph.D. Clinical Psychology Program in the state of Montana. Because of the University, the Missoula CBOC serves many Post-9/11 Veterans. In addition to an outpatient Behavioral Health Interdisciplinary Program (BHIP) team consisting of two psychologists, 1.5 psychiatrists, a registered nurse, and two social workers, there is also a Primary Care-Mental Health Integration (PCMHI) program, which consists of a psychologist and a social worker, who work in collaboration and consultation with six Patient-Aligned Care Teams (PACTs). Additionally, the PCMHI program accepts and supervises three 9-month clinical practicum students focused on integrated health from the University of Montana. The Missoula CBOC also houses physical therapy, respiratory therapy, endocrinology, urology, and telehealth services. The Missoula clinic is located approximately two hours from Fort Harrison, and VA provides a government vehicle and time for travel to this clinic.



Great Falls Community Based Outpatient Clinic

Interns may have an option to serve at the Great Falls CBOC, which is a small community outpatient clinic serving a large Veteran community. The clinic addresses the mental health needs of the local Veteran populations and surrounding rural communities through in person appointments, telehealth, and home-based primary care. Great Falls is home to Malmstrom Air Force Base, University of Providence, and Great Falls College Montana State University. Great Falls is located approximately 90 minutes north of Fort Harrison, has several museums, and numerous outdoor activities. The VA provides a government vehicle and time for travel to this site.

PROGRAM AIM AND PHILOSOPHY

The aim of the Psychology Internship Program at Montana VA is to equip postdoctoral-level psychologists in the science, skill development, and art of psychological practice. Our program has an emphasis in training psychologists in the unique factors associated with practicing rural mental health. The Montana VA HCS is well suited as an institution to meet this aim, in that Interns will be in the rural medical care setting for 2080 hours over the course of a year providing significant, supervised clinical experiences to veterans while functioning as part of multi-disciplinary teams. During this year, Interns' learning will be supplemented through didactics, group supervision, and other experiential learning activities.

By the end of the internship year Interns will have had experiences that will enable them to build competency in the following ten domains:

- (1) Research
- (2) Ethical and legal standards
- (3) Individual and cultural diversity
- (4) Professional values, attitudes, and behaviors
- (5) Communication and interpersonal skills
- (6) Assessment
- (7) Intervention
- (8) Supervision
- (9) Consultation and interprofessional/interdisciplinary skills
- (10) Rural mental health

The Psychology Internship Program is based on the Scholar-Practitioner (Vail) model and is committed to training future psychologists in the scientific practice of psychology. Interns are trained as practitioners and consumers of research. This model of training emphasizes the practical application of scientific knowledge and the reflective process between science and practice. While the Psychology Internship Program at Montana VA Health Care System emphasizes science and empirically based treatments, we agree that "The primary goal of training a practitioner-scholar is the delivery of human services that take into account individual, cultural and societal considerations" (Rodolfa, et al., 2005).



Our program follows the professional developmental model in which the Intern is expected to progress throughout the Internship year. This model indicates that the Intern will move from a somewhat dependent and closely supervised trainee to a relatively independent junior colleague. We strive to provide Interns with strong generalist training and they can expect to complete their Internship year being competent, independent, postdoctoral-level psychologists which will enable them to work competently in rural

areas, medical centers, outpatient settings, and within the Veteran's Affairs Healthcare System.

As a training program, our Psychology Internship Program focuses mainly on experiential learning through the provision of patient care. However, Interns are exposed to information through didactics, supervision, and review of the current literature. The Psychology Training Staff at Montana VA Health Care System endeavors to promote a supportive and collegial atmosphere for psychology Interns. With an emphasis on Interns developing a professional identity, MTVAPI tailors training goals to the individual and expects Interns to be active participants in developing their own competency based goals.

Our training program emphasizes the psychosocial model of recovery and empowerment of Veterans to recover from mental health difficulties. When indicated, we emphasize the use of empirically supported therapies including Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy for Depression, CBT for Insomnia or Chronic Pain Management, Integrative Behavioral Couple Therapy, Interpersonal Therapy for Depression, and mindfulness based interventions, to name a few.

PROGRAM COMPETENCIES

Upon completing the program, each intern is to be prepared for entry level practice. Entry level practice is defined as being fully prepared to begin the required period of supervision prior to licensure. It is the equivalent to a GS-11 psychologist in the Department of Veterans Affairs. Interns will be competent as postdoctoral-level psychologists in providing effective, quality care to Veterans, to individuals from rural settings, and to individuals seeking care through medical centers and outpatient clinics. As professional psychologists, they will function ethically with a sensitivity to cultural issues. They will be competent clinicians and consultants and will be skilled

in scholarly practice and self-reflection. Interns will learn how to function as a part of an interprofessional team and be receptive to feedback from supervisors and other professionals.

In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training. Minimal Level of Achievement for completion of Internship is “Readiness for Entry Level Practice” defined as:

1. the ability to independently function in a broad range of clinical and professional activities;
2. the ability to generalize skills and knowledge to new situations; and,
3. the ability to self-assess when to seek additional training, supervision, or consultation

The profession wide competencies identified in APA’s Standards of Accreditation (see also IR C-8 I) are evaluated across rotations. The competencies are documented on formal competency evaluation forms. What follows are broad statements regarding the areas evaluated during internship and examples of some of the behavioral anchors assessed.

Research- Interns will develop the independent ability to critically evaluate and disseminate research or other scholarly activities. Interns will learn how to apply current literature, research, and theory to their intervention and assessment activities. Thus, Interns will become familiar with the knowledge and application of evidence-based practice. Please note that this competency is about the Interns’ ability to critically evaluate science, and generating new knowledge is not expected. Example anchors:

- Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications).
- Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

Ethical and Legal Standards- Interns will understand and abide by the legal standards related to the practice of clinical psychology. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Example anchors:

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.



Individual and Cultural Diversity- Interns will demonstrate an ability to think critically about sensitive diversity patient issues, including those related to culture, sex, gender, age, socioeconomic status, religion, disability-status, and ethnicity. Interns will be able to apply cultural sensitivity with Veterans from rural and highly rural cultures, as well as Veterans across diverse cultures.

Example anchors:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- The ability to apply a framework for working effectively with areas of individual and cultural diversity.
- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Professional Values, Attitudes, and Behaviors- Interns' professional identity will evolve and mature over the course of the Internship year. Interns will progressively demonstrate integrity, responsibility, and sound judgment as a psychologist in training. Example anchors:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning.
- Engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Communication and Interpersonal Skills- Interns will demonstrate a capacity to relate effectively and meaningfully with other individuals, groups, and communities, both in person and in writing.

Example anchors:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving

professional services.

- Demonstrate a thorough grasp of professional language and concepts.
- Produce, comprehend, and engage in communications that are informative and well-integrated.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Assessment- Interns will be able to appropriately assess patients' strengths and psychopathologies with sensitivity to culture and individual differences. They will be skilled in comprehensive case conceptualization and outlining appropriate recommendations and treatment plans based on their assessments. Example anchors:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics.
- Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention- Interns will develop the ability to function capably as postdoctoral-level psychotherapists, with particular emphasis on treating Veterans who live in rural and highly rural areas. Example anchors:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

Supervision- Interns will display understanding of models, practices, and ethical issues of clinical supervision. Providing supervision directly to a trainee is not a requirement for this competency.

Example anchors:

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skill of observing in direct or simulated practice.
- Apply the supervisory skill of evaluating in direct or simulated practice.
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

Consultation and Interprofessional/Interdisciplinary Skills- Interns will learn to function and contribute within an interprofessional team. They will become comfortable with their roles as representatives of behavioral health and be able to translate psychological principles across disciplines. Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include, but are not limited to, role-played consultation with others, peer consultation, provision of consultation to other trainees. Example anchors:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Rural Mental Health- Understanding the impact of geography upon health care service delivery is a key component of rural mental health competency. Interns will demonstrate the knowledge and ability to practice psychology effectively when working in a rural setting. Example anchors:

- Be able to identify at least 3 unique cultural aspects of rurality to consider when practicing psychology.
- Be knowledgeable about rural aspects that may present as barriers to care.
- Demonstrate creativity and problem-solving when addressing some of these unique cultural considerations.
- Develop an understanding of how to practice ethically, when coping with complex issues that may arise in rural/frontier culture.



TRAINING EXPERIENCES

This is a generalist internship site, aimed at training well-rounded and skilled clinicians, who have particular expertise in working effectively in rural settings. Interns will participate in two rotations each 6 months of the year, totaling 4 rotations across the Internship year. In each 6 month period, Interns can expect to split their time between the two rotations, for a combined total of 36 hours per week. The remaining 4 hours per week will be devoted to other training opportunities (e.g., didactics, group supervision).

Currently, the Internship offers the choice between 9 rotation experiences:

1. Clinical Geropsychology
2. Clinical Neuropsychology
3. General Outpatient
4. Outpatient Trauma Recovery
5. Primary Care Mental Health Integration (PCMHI)
6. Program Development and Leadership
7. Psychological Assessment
8. Residential Trauma and Substance Use Recovery
9. Triage and Rapid Evaluation Clinic (TREC)

Please note that rotation offerings may change from year to year, as a result of staffing changes. Due to being a program based in a rural area, there is sometimes only one psychologist in each setting. As such, if there are staffing changes, this may impact rotation offerings. Consequently, our program prides itself on achieving the program aim and intern competencies through the combination of varied clinical experiences and rotations. We advise Interns to view their own growth in this broad way, as opposed to being attached to one particular rotation offering to meet their training needs.



At the start of the year, Interns will work together with the Training Director and Associate Training Director to rank their choices among rotation offerings. The division of time between the two rotations in each six month period will be established collaboratively based on training needs, Intern preference, and supervisor availability. When indicated, Interns will have the opportunity to participate in additional supplementary training experiences, depending on training needs (e.g., crisis work, polytrauma team, women's health). These complimentary experiences would be taken on when an intern has an identified need for additional training in order to develop full competency.

ROTATIONS

CLINICAL GEROPSYCHOLOGY

The Clinical Geropsychology rotation provides interns with experiences to develop knowledge, attitude, and skill competencies for professional geropsychology practice, consistent with national standards. Geropsychology practice entails helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. Clinical time will primarily be spent within the Outpatient Behavioral Health Clinic.

Goals of the rotation are for interns to develop skills in: (1) psychodiagnostic, cognitive, capacity, behavioral, and functional assessments with older adults; (2) psychological interventions with older adult patients with interacting psychiatric, medical, and psychosocial problems; and (3) consultation within complex systems (e.g., families, health care teams, community service



networks), both to aid psychological assessment and to communicate psychological conceptualizations and recommendations to other care providers. Training focuses on: helping interns to appreciate the diversity of experience of older adults; the biopsychosocial and lifespan developmental perspectives that are critical for understanding older adult patients; the complex ethical dilemmas that can arise in geriatric care; the importance of interdisciplinary collaboration; and the growing research base that can inform practice.

Veterans served in the clinic present with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include: depression, grief, generalized anxiety, PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuropsychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), chronic disease management, end-of-life issues, and family stress/conflict. Supervised training in the following interventions will be offered: CBT for Insomnia, CBT for Chronic Pain, CBT for Suicide Prevention, CPT for PTSD, Interpersonal Therapy for Depression, REACH Caregiver Training for Dementia, Complicated Grief, and Cognitive Behavioral Conjoint Therapy for PTSD.

Overview of Assessment Opportunities:

- A geropsychology assessment may start as a standard biopsychosocial mental health intake and comprehensive suicide risk evaluation similar to what is performed with younger individuals. Many older veterans seen in the Geriatric MH clinic are cognitively intact, with few medical problems, and are seeking psychotherapy to address a new or untreated psychiatric diagnosis, such as PTSD and/or to address common issues that present later in life.
- Other older veterans are often referred to the Geriatric MH outpatient clinic due to changes in functioning. A Geriatric Needs Assessment may include some of these

measures: MoCA, STMS, AD8, FAST, GDS, GAS, TUG, Katz Index of ADL, BRS, ISI, and Zarit Burden Inventory.

- A third referral area in Geriatric MH is for family or couple therapy to address psychological and/or physical issues of aging that impact family dynamics and functioning. Assessment would consist of a relational/interpersonal based interview and the following self-report measures: CSI, CTS, WAI-S, PCL-5.
- Approximately two opportunities each rotation arises to perform a full psychological evaluation, which includes a structured diagnostic interview (e.g., CAPS-5 or SCID), personality assessment, age-appropriate self-report symptoms screening, brief cognitive measures, and collateral information gathered from family or care provider.
- Assessment within the geropsychology rotation might look like this:
 - An emphasis on building familiarity with the impact of aging on the biology or physical health contributions in clinical case formulation. Trainees on this rotation will gain experience in recognizing the difference between normal aging issues and more complex needs; such as mobility problems, visual and auditory decline (and the impact of these on key relationships), poor sleep, chronic pain, nutritional status, medication and polypharmacy effects, and reduced organ function, in addition to geriatric syndromes such as dementia.
 - Gaining experience with the psychological parts of aging, such as how changes in functioning and independence may influence shift in self-image or self-worth, loss of perceived purpose or meaning, mood and anxiety.
 - Consideration of interpersonal aspects of aging, including grief and bereavement, reduced social support, and changes in family relationships is an important component for this rotation.
- Diversity issues are of particular importance on this rotation. They include generational cohort effects or the ways in which different eras of veterans and different racial or cultural backgrounds contribute to different life experiences, values, and family expectations that influence assessment, conceptualization of the client, and treatment recommendations.

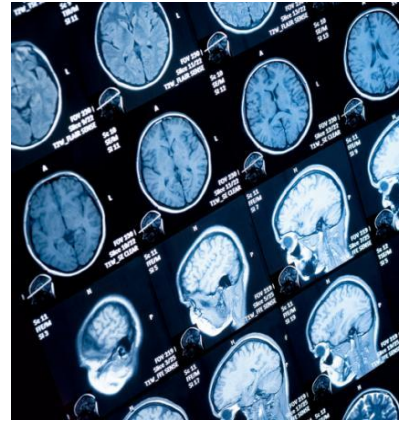
Location:

Fort Harrison Medical Center

CLINICAL NEUROPSYCHOLOGY

The Clinical Neuropsychology rotation is based out of the outpatient behavioral health clinic at the Fort Harrison Medical Center where the Staff Neuropsychologist receives consults from throughout the hospital. The most common referral sources are the Behavioral Health, Neurology, and Primary Care Service Lines. The patient population ranges from Veterans in their 20s to those in their 90s with diverse presenting questions.

The neuropsychology rotation involves conducting evaluations to address the diagnostic and treatment planning needs of Veterans within the Montana VA Health Care System. During this rotation, Interns are exposed to a wide array of neurologic and psychiatric presentations throughout the adult lifespan, with more focused training in traumatic brain injury and neurodegenerative conditions. This includes outpatient referrals and the possibility of participating in brief inpatient consultations from residential and medical units. The experience is tailored to the Intern's past exposure in psychological assessment and neuropsychology.



During this rotation, the Intern gains experience working with providers from a range of disciplines including physicians, nurses, social workers, psychologists, and peer support specialists. Because of the remoteness of many of the sites within the Montana VA Health Care System, some interactions may occur via the tele-health system.

Overview of Assessment Experiences:

- This rotation focuses almost entirely on comprehensive outpatient evaluations including both psychiatric and neurocognitive variables. The rotation typically includes one full assessment per week.
- At times (and depending on the intern's experience and interest) inpatient evaluations, briefer assessments, and capacity evaluations may be conducted.
- Common referral questions include assessing cognitive functioning in: mild TBI (often vs psychiatric concerns or ADHD), dementia, TBI, movement disorders, functional neurological disorders, other psychiatric or neurological conditions.
- Assessment within this rotation will include:
 - A clinical interview assessing current cognitive complaints, functioning day to day, background information (medical, social, developmental, educational, occupational history).
 - Assessment typically includes measures of premorbid abilities, effort, attention, working memory, processing speed, memory (verbal and nonverbal), visuospatial abilities, and executive functioning.
 - Tests selected will vary based on the individual and referral question.
 - Psychological functioning is also assessed. This may include one or more brief screeners or a comprehensible questionnaire (MMPI-2-RF or PAI).
 - Individual feedback is provided to the Veteran (and sometimes family).
 - A comprehensive report is written and posted into the medical record.
- Diversity issues can affect performance on some tasks. Some important factors on this rotation include (though not a comprehensive list): Language (monolingual/monocultural vs bilingual/bicultural education quality (e.g., rural schools, schools on a Native American reservation); impact on current functioning given culture of origin and current cultural environment; social injustice and racism impacting current and/or past

attainment/functioning; sexual identity (e.g., transgender individuals or intersex); disability status (e.g., blind, deaf, aphasic, or limited use limbs).

Location:

Fort Harrison Medical Center

GENERAL OUTPATIENT

The General Outpatient rotations occur at either the Fort Harrison or the Missoula CBOC outpatient behavioral health clinics. These clinics serve veterans of all ages with a wide-array of mental (and co-morbid physical) health concerns. Treatment is provided individually, in group psychotherapies, and in conjoint and family counseling. Eligible VA caregivers (typically female spouses) receive treatment at this clinic as well. The behavioral health clinic staff often includes psychologists, nurses and advanced practice nurses, social workers, addiction therapists, psychiatrists, and peer support specialists.



The Intern's core experiences on this rotation embody the essence of this training program's generalist philosophy, emphasizing evidence-based individual, couples' and group psychotherapy, psychological assessment, and psychological consultation with an interprofessional staff. The Intern will engage in clinical assessment and treatment of our Veterans, will navigate ethical issues as they arise with our population, and will work with the diverse life experiences represented within our clinic. Within this rotation, interns will increase their clinical understanding and practice of cultural and geographical issues that impact service delivery of mental health care for rural or frontier populations. The intern will operate as a member of a Behavioral Health Interdisciplinary Program (BHIP). Training and supervision in Cognitive Behavioral Therapy for Depression, CBT for Insomnia, CBT for Chronic Pain, CBT for Suicide Prevention, Emotion-Focused Therapy, and Interpersonal Therapy for Depression, as well as evidenced based treatments for trauma are options within this rotation. Additional opportunities exist for assessment, consultation, and interventions delivered via telehealth. The trainee will be immersed in the day-to-day experiences of outpatient psychotherapy with the opportunity to join the supervisor for co-therapy and to join with other members of the Behavioral Health Interdisciplinary Program (BHIP) team in co-leading group psychotherapy.

Overview of Assessment Experiences:

- This rotation is treatment and consultation oriented, with some opportunity for assessment.
- The amount of assessment can be adjusted based on the intern's need and interest in assessment. All interns do some assessment, often a more detailed intake interview with both screeners and broad-spectrum personality tools. Assessment will amount to 5% to 10% of intern time, including differential diagnosis of behavioral health disorders and evaluation of neurodevelopmental factors. More specifically, opportunities exist for transplant, pre-bariatric, and ADHD evaluations.

- Interns use the PHQ-9 and GAD-7 routinely and other screeners as appropriate for the specific case.
- When starting with a particular Veteran, the intern may review and interpret any previous psychological evaluations or measures, conduct a clinical intake interview, and select additional measures (if any seem to be indicated) that will help clarify the Veteran's needs.
- Assessment would depend on the needs of the specific Veterans but would likely focus on developing a sufficiently comprehensive diagnosis to guide treatment.
- This rotation is a natural place to build intuition about comorbid conditions, e.g., personality or neurodevelopmental issues affecting presentation of acute mental health problems; to practice routine screening for sleep problems, as sleep disruption is common among Veterans; and to focus on the social consequences of behavioral health issues, including intimate and parenting relationships, ability to integrate and succeed at work, and finding a place in preferred culture.
- Almost any diversity issue may present in this rotation, including ethnicity, cultural identity, sexual and gender identification, social class, and age cohort.

Location:

Fort Harrison Medical Center
Missoula CBOC
Bozeman CBOC

OUTPATIENT TRAUMA RECOVERY

Interns on this rotation will see veterans through the virtual PTSD Clinical Team (PCT). During this rotation Interns provide outpatient PTSD assessment and psychotherapy to Veterans with diverse trauma histories, including childhood trauma, combat trauma, and MST. Interns will need to travel to the Bozeman CBOC to provide services, or have the opportunity to engage in services at the Fort Harrison campus using tele-supervision. Interns will have the chance to work with Veterans from diverse combat eras, as well as with diverse comorbid clinical presentations. Interns will provide treatment at all stages of care, including triage, intake assessment, treatment planning, treatment provision, and termination. This rotation will focus predominantly on individual psychotherapy for PTSD, using evidence-based models such as Cognitive Processing Therapy, Prolonged Exposure Therapy, and Cognitive-Behavioral Therapy for Insomnia.



Overview of Assessment Experiences:

- This rotation is very heavily focused on treatment, as interns are often traveling to the Bozeman CBOC for this experience and so have more limited hours on rotation. As such,

assessment is a relatively small part of this rotation. Interns often focus more exclusively on building competency around one specific EBP for PTSD.

- Assessment on this rotation typically takes the form of completing thorough biopsychosocial intakes, which include the use of pre-selected, appropriate screening tools (e.g., PCL-5, PHQ-9, Combat Exposure Scale, Life Events Checklist, M-PTSD). In addition, interns will become proficient at fully assessing for PTSD using a semi-structured and flexible clinical interview, in order to gather information about PTSD symptoms for diagnostic clarification while also building therapeutic rapport. Interns will also practice writing full PTSD symptom assessment reports, that clearly delineate diagnostic criteria, conceptualization, and treatment recommendations.
- Assessment is also practiced through the use of consistent measurement-based care, using measures such as the PCL-5, PHQ-9, ISI, and DES-II. All veterans engaged in care will be given screening measures throughout treatment which will be used to assess effectiveness of interventions and to inform collaborative treatment planning.
- Depending on intern's schedule and training goals there may be infrequent opportunities for more comprehensive psychological assessment, including completing a CAPS-5 and/or PSSI-5.
- Almost any diversity factor may present on this rotation, including ethnicity, cultural identity, sexual and gender identity, disability status, social class, and age cohort. As such, interns will gain experience with how diversity factors are actively discussed, considered, and integrated into PTSD symptom assessment, conceptualization, and treatment planning.

Location:

Fort Harrison Medical Center
Bozeman CBOC



**PRIMARY CARE MENTAL HEALTH
INTEGRATION (PCMHI)**

The Primary Care Mental Health Integration (PCMHI) team provides consultation and collaborative care alongside primary care staff to Veterans with mild to moderate mental health conditions and behavioral health concerns. This multidisciplinary team setting offers same-day access to Veterans enrolled in primary care services, facilitates psychoeducational classes and group therapy, and provides brief, evidence-based, individual therapy to meet a variety of Veterans' needs. Staff psychologists are involved in brief functional assessment,

risk assessment, treatment planning, clinical intervention, consultation, and team-based collaborative care. The PCMHI team serves a diverse population with varying cultural, educational, and religious backgrounds. This rotation is focused on brief, functional assessment and evidence-based therapies. Consultation and collaboration with primary care staff are also an integral part of this rotation, including contributing to team meetings and didactic opportunities, and team-based treatment planning and interventions.

There is also an opportunity for a more specialized rotation within PCMHI, entitled the “PCMHI Trauma Recovery.” This rotation will provide the opportunity to learn about phase I trauma treatments that occur in a PCMHI setting, including potential for experience with stabilization interventions (e.g., mindfulness, yoga, behavioral interventions, etc.) and brief trauma focused interventions (e.g., PE-Primary Care).

Overview of Assessment Experiences:

- Assessments conducted within the primary care setting are often different compared to traditional psychological evaluations completed in outpatient mental health settings, in that assessments within primary care are briefer and may not include assessments that are traditionally part of a comprehensive psychological evaluation (i.e., personality, cognitive, academic achievement). Within PCMHI, interns will have the opportunity to gain experience in conducting brief, functional assessments and developing clinical decision making to determine when referral to specialty outpatient mental health is warranted for a more comprehensive assessment (e.g., using MoCA as a screener for cognitive functioning to determine if a comprehensive neuropsychological evaluation is needed).
- PCMHI uses a measurement-based care model, highlighting the importance of using self-report measures to track treatment progress (and can be used as a therapeutic tool); typical self-report measures include PHQ-9 (depression), GAD-7 (general anxiety), PCL-5 (PTSD), AUDIT-C (alcohol use), and C-SSRS (suicide risk screening). Assessments within PCMHI may include the following: functional assessments, cognitive screeners (e.g., MoCA), and comprehensive suicide risk evaluation.
- Dependent on an intern’s rotation goals and specific supervisor, interns may also administer the following assessments: ADHD evaluations, bariatric evaluations, PTSD assessments, and clinician-rated semi-structured interview for diagnostic clarification (e.g., SCID-5). By the end of the PCMHI rotation, and at the minimum, interns will have learned how to complete functional assessment and complete at least one comprehensive suicide risk evaluation.
- Because the greatest number of Veterans come to primary care, this rotation is likely to have the greatest diversity in Veterans of all our rotations.

Location:

Fort Harrison Medical Center
Bozeman CBOC
Missoula CBOC

PROGRAM DEVELOPMENT AND LEADERSHIP

Psychologists are increasingly looked to as uniquely qualified candidates to fill leadership and management roles in public health, private sector, and academic settings. Skills and expertise in human behavior; measurement-driven practices; interpersonal sophistication and emotional intelligence; written and verbal communication; and problem-solving strategies are qualities of both psychologists and psychology training that often translate well to such positions and roles.

Training:

This rotation would be a fit for an intern who is excited to build skills in the area of program development and/or leadership. On this rotation an intern would select a project to complete across the 6 month rotation, and an appropriate staff member would be selected to function as a supervisor and mentor in this process. Interns may elect to engage in a project designed to develop and implement programmatic changes to Behavioral Health Programs or the Psychology Internship Training Program. Interns may attend the monthly Psychology Internship Committee Meetings with faculty, providing feedback and addressing potential challenges within the program. They may assist the faculty with the self-study process for APA accreditation. Interns may elect to engage in a needs assessment to enhance care at a particular clinic. During this rotation, Interns may work with a faculty mentor to develop specific new programming (e.g., group, integrated care teams, etc.). This experience will involve some didactic, shadowing, and completion of an administrative project. Any psychology staff member may serve as the supervisor for this rotation, and this person would be selected collaboratively with the Intern at the beginning of the rotation based on training needs/goals.



Overview of Assessment Experiences:

- Given the administrative focus of this rotation it is not typical for interns to be engaging in assessment while on this rotation.

Location:

Assignment based on project

PSYCHOLOGICAL ASSESSMENT

Interns have the opportunity to complete this rotation across numerous settings, including at Fort Harrison Medical Center, as well as through community-based outpatient clinics such as Missoula. On this rotation interns are typically performing psychological evaluations for patients being seen in outpatient behavioral health clinics. There are also opportunities for interns to perform psychological evaluation in residential or medical settings.

Overview of Assessment Experiences:

- A hallmark of a seasoned psychologist is his or her ability to competently administer, score, and interpret psychological tests and structured interviews. Interns on the Psychological Assessment rotation will have a unique training experience and ample opportunity to devote time and effort in developing a working knowledge of an array of broad-based and disorder-specific measures.
- Interns will become competent in selecting assessment measures for referral questions and administering and scoring appropriate psychological measures. Interns on this rotation are instructed, provided modeling, and supervised as they gain a higher level of mastery in psychological assessment.
- Instruments include widely used personality (e.g., MMPI-2, PAI, MCMI-III), memory and intelligence (WMS-IV, WAIS-IV), and neuro- psychological screening (e.g., SLUMS, RBANS, MoCA, NCSE) tests, as well as ADHD and PTSD assessment packages (both paper-and-pencil measures, and interviews).
- Assessment will be conducted with the range of veterans, from rural and non-rural settings, military specialties, ages, genders, and ethnic affiliations.

Location:

Fort Harrison Medical Center
Missoula CBOC

RESIDENTIAL TRAUMA AND SUBSTANCE USE RECOVERY

The Residential Trauma and Substance Use Recovery rotation occurs in the residential program serving Veterans with chronic or complex PTSD and/or substance use disorders who need a higher level of care than the traditional outpatient setting. Two programs are run through the residential unit: The Sobriety and Wellness Center and the Posttraumatic Growth Center. The treatment environment is robust and multifaceted. Interventions are holistic, focusing on recovery from the individual level (e.g., individual therapy using evidence based approaches), all the way up to the systemic level (e.g., engaging a therapeutic milieu as an intervention.) Treatment is rigorous, as Veterans are expected to engage in multiple forms of therapy at once, and strengths-based, drawing from Veterans' personal resources. Veterans participating in these programs range in age, race and ethnicity, co-occurring disorders, combat exposure, and military branch of service, among other diverse factors. Most Veterans participating in the Posttraumatic Growth Center have experienced some form of military related trauma, and many have additional childhood trauma.



The training experience on this rotation will be tailored to the Intern's training needs and interests. As such, it is possible to have more emphasis on either trauma treatments or SUDS treatments; however, all interns are likely to be exposed to both forms of interventions across the rotation. The residential treatment rotation offers three, recovery oriented clinical experiences as part of the residential activities: (1) Psychological, SUDS, and PTSD assessments, (2) group therapy development and facilitation, and (3) individual therapy, which may include couples' interventions and exposure facilitation (imaginal and/or *in vivo*). Psychology Interns on this rotation are involved in psychological assessment (including CAPS interviewing and PTSD/SUDS testing), case conferences, working on an interprofessional treatment team, developing and implementing Individual Recovery and discharge plans, and developing competency in delivering individual and group (process and didactic) interventions. Interns may receive training and supervised practice in a number of evidence-based interventions to include Prolonged Exposure Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing. Interns are also exposed to complementary, alternative PTSD interventions including Art Therapy, Yoga, Equine Therapy, and Native American Warrior ceremonies (e.g., smudging, talking circles, Sweat Lodge Ceremonies).

Overview of Assessment Experiences:

- This rotation includes psychological and PTSD assessments, group therapy development and facilitation, and individual therapy, which may include couples' interventions and exposure facilitation. Therapeutic interventions are the most prominent source of intervention that interns will engage in on this unit.
- The type of assessment activities can vary widely, based on both the needs of the veterans engaged and the interests of the intern. Measurement-based care is standard, in which the measures would usually be given by other staff and the intern can use these for interactive therapeutic discussion with the veteran. There are opportunities to use other screeners, including cognitive screening, and occasionally a need to perform more comprehensive diagnostic assessments.
- Key assessment areas on this rotation might include: clarifying a PTSD diagnosis; understanding the diagnostic relationship between PTSD and substance abuse; diagnostic clarification around potential interrelated PTSD, substance use, and personality disorder diagnoses. On some occasions, other cognitive based evaluations can occur (e.g., full ADHD evaluations are occasionally completed on the unit).
- Diversity and complexity issues of particular relevance on this rotation may include understanding the substance abuse detox process, with special consideration that a few days to even a few weeks or months after a veteran is on the unit may not be sufficient time to rule out residual effects of prior substance use on presenting behaviors and mental states. This rotation also commonly has Native American veterans among the residents, so consideration of cultural diversity in assessment can present.

Location:

Fort Harrison Medical Center

TRIAGE AND RAPID EVALUATION CLINIC (TREC)

The Triage and Rapid Evaluation Clinic (TREC) provides emergent behavioral health care to patients presenting or referred to the Fort Harrison medical center with acute psychiatric instability and urgent care needs. In addition, the TREC program provides psychiatric and behavioral medicine consultation/liaison services to medical staff and veterans receiving inpatient care at the medical center (on-site), and the Community Living Center (virtual).



Trainees on this rotation will gain experience in an acute care setting providing triage assessment, consultation, and crisis interventions to both inpatient and outpatient Veterans receiving care across the full continuum of care. Emphasis will be placed on risk assessment, diagnostic clarity, competency/disability, targeted brief interventions, and both voluntary and involuntary hospital placements.

Overview of Assessment Experiences:

- Assessment is a routine request on this rotation. Both capacity and cognitive evaluations are regularly available. MoCA is commonly utilized, and the intern may have opportunities to administer the RBANS, Mattis Dementia Rating Scale 2, and Independent Living Scales. There are opportunities as well to use the MMPI-2-RF and the PAI.
- With respect to assessment, there is a particular emphasis on capacity to make medical decisions, to participate in discharge planning, and around questions about dementia.
- Assessing for suicidal and/or homicidal risk is routine.
- By the end of the TREC rotation, and at a minimum, interns will have learned how to complete at least one comprehensive suicide risk evaluation (C-SSRS, CRSE, Safety Plan, and other relevant CPRS documentation) and learn how to administer and interpret a cognitive screener (e.g., MoCA).
- This rotation offers utilization of assessments in an inpatient setting.
- This rotation may also be a place to evaluate the nature and quality of the veteran's available social supports, as part of discharge planning.
- Diversity issues of particular relevance on this rotation may include low SES, geriatric populations, frontier mental health management (as distinct from rural mental health), and severe mental illness.

Location:

Fort Harrison Medical Center

SUPPLEMENTARY EXPERIENCES

The Psychology Internship Program will also offer supplementary experiences to interns, which will not be full rotations. These experiences will serve the function of addressing any needed competency areas which may need more time throughout the training year to be strengthened or not be able to be strengthened. Supplementary experiences are available, when needed, to ensure that all program competencies are met. Examples might include providing clinical assistance with same-day crisis response team, engaging in an equine therapy group at the barn, shadowing the Home Based Primary Care or Sleep Clinic psychologist, intensive training in a specialty EBP, participating as a contributing member of the poly-trauma team, providing additional intake evaluations within Outpatient Behavioral Health, co-facilitating the Chronic Pain psychotherapy group, and/or providing clinical assistance with the REACH program and Suicide Prevention team. The decision to engage in a supplementary experience will be made collaboratively between the intern, supervisors, and Training Directors. Similarly, the time allotted for these experiences will be coordinated between those same parties; however are generally less than 5 hours per week.

SAMPLE INTERNSHIP YEAR

First half of internship year - 6 months	Second half of internship year - 6 months
<p>Rotation A Clinical Geropsychology Fort Harrison Medical Center 26 hours per week</p> <p>Rotation B Outpatient Trauma Recovery Bozeman CBOC 10 hours per week</p>	<p>Rotation C Residential Trauma and Substance Abuse Recovery Fort Harrison Medical Center 18 hour per week</p> <p>Rotation D PCMHI Fort Harrison Medical Center 18 hours per week</p>
Weekly 2 hours individual supervision (<i>included in hours above</i>)	
Weekly 2 hours group supervision	
2 hours of Didactic Seminars Weekly (<i>6 hours once per month</i>)	
Supplementary Training Experiences, if indicated	

DIVERSITY MENTORSHIP

The Montana VA Psychology Internship believes that attention to individual differences and diversity is vital to the development of competent psychologists; thus, we offer the Diversity Mentoring Program to *all trainees* during the internship training year. Interns will be matched

with a diversity mentor at the start of the year. The purpose and the goals of the mentoring program include:

- 1) providing psychology trainees the opportunity to discuss diversity-related reactions with someone who is supportive and not in an evaluative role for the trainee,
- 2) to develop a mentoring relationship with someone who is not a direct supervisor of the trainee's clinical work, and
- 3) to support the development of psychology trainees both personally and professionally.

Mentoring meetings may include such activities as discussion of recent diversity related interactions (e.g., interactions with staff, Veterans, colleagues, etc.), discussion of topics related to diversity, discussion of professional development issues related to diversity, and review of journal articles or other literature related to a diversity topic of interest.

PSYCHOLOGY TRAINING COMMITTEE

The Chief Psychologist and the Directors of Training are administratively responsible for the Psychology Internship Program, while the Psychology Training Committee (PTC) is the governing body. The purpose of the Psychology Training Committee is to assure that the program provides high quality training, remains in compliance with all accreditation standards of the American Psychological Association (APA), operates within the guidelines of the VA Office of Academic Affairs and the Association of Psychology Post-doctoral and Internship Centers (APPIC), and meets other relevant review standards. Members of the committee are responsible for active participation in the ongoing work of the group and for seeing that the program's training, documentation, and supervisory activities continue to meet the highest standards.

The Training Committee consists of selected training staff, with representatives from each of the significant rotation offerings, as well as general representatives. Full membership with voting privileges will extend to each member. Although the members of the training committee work toward consensus when making decisions, a simple majority vote is all that is required to make programmatic changes and updates as needed.

Each Intern has an opportunity to rotate throughout the year in different roles within the Training Committee and Psychology Team Meetings, as appropriate. Within the first month of the internship year, the trainee cohort will meet and make decisions on Interns participating in leadership/administrative roles within the Training Program. The positions are optional and voluntary. For example, the Chief Intern represents their peers and provides feedback to the Training Committee as to the needs of their Intern Cohort. As part of ongoing quality improvement, the program solicits Interns' feedback regarding the rotations, the program, and the supervisors. This feedback and data is often shared and reviewed by the Training Committee to discuss any potential changes or improvements that need to be made to the training program.

Every effort is made by Montana VA Health Care System to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. In offering psychology interns a “place at the table” in a variety of leadership and administrative roles throughout their training year; enriches their professional development and contributes to healthy growth within our system culture and climate.

SUPERVISION

Clinical supervision is the primary vehicle for experiential learning and feedback during internship. Interns work with multiple supervisors throughout the year in both individual and group formats, but are required to have at least 4 hours of supervision in total each week, following graduated levels of responsibility (VHA Handbook 1400.04). Each week, Interns will get at least one hour of one-on-one supervision with each of their two rotation supervisors, as well as two hours of group supervision. It is typical to also get additional, informal supervision on an as-needed basis. Interns’ supervisors will monitor their work through a number of methods, including case discussions, review of all clinical documentation, live observation, video taping, and co-therapy. At the beginning of each supervisory relationship, Interns and supervisors will discuss goals, training activities, and expectations for the supervisory experience. Interns and supervisors will also discuss the process by which emergency supervision can be obtained, when needed. It is typical for Interns and supervisors to sign a supervisory contract/agreement that delineates these things.

In order to provide Interns with a variety of supervision experiences, each Intern will change supervisors at the completion of each rotation. To facilitate sustained relationships, continuity, and an opportunity to demonstrate progression on identified goals, the Training Director will facilitate one hour of group supervision focused on clinical intervention for the duration of the training year. This experience will allow trainees and the Training Director to maintain continuity that will support the trainees’ changing needs throughout the year. The second hour of group supervision is led by another psychology staff member and is focused on psychological assessment.

PROGRAM REQUIREMENTS FOR SUCCESSFUL COMPLETION

The Training Committee at Montana VA Health Care System understands that the primary focus of the Internship year is for training. However, because the training is experiential, there is an expectation that Interns will provide direct care to Veterans which on average start at 10 hours per week at the start of the training year and build up to at least 20 hours of direct face-to-face client care by the end of the year. A minimum requirement of direct contact hours is not formally identified as each rotation will have a different degree of client contact varying based on the design of the rotation and the training needs of the Intern. Although it is understood that it may take some time to build up a case load, toward the end of the training year, Interns are expected

to be proficient in organizing and managing their schedule to meet or exceed these requirements. In addition, approximately 20% of time will be spent in clinical supervision, introduction to clinical practice issues and topics in didactic seminars, training in EBP interventions via didactic workshops, and scholarly reading assignments.

Assessments

All Interns are expected to gain substantial experience performing mental health intakes and developing recovery-based treatment plans. Interns will use a range of screening tools and symptom checklists to evaluate pre- and post-treatment outcomes and if appropriate evaluate symptoms weekly. Interns will become proficient in screening for risk and client safety. Interns will also have opportunities to provide full-battery, comprehensive assessments that respond to the referral question and integrate appropriate data to provide diagnostic and/or treatment recommendations.

In order to achieve competency in this domain, Interns will complete at least six assessments across the training year, of which three are required to be integrated, comprehensive evaluations. The definition of an integrated psychological assessment is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. These assessments will be completed across the four rotations of the training year.

Examples of assessment types include, but are not limited to,:

- Assessment of academic achievement (WRAT, AAB)
- ADHD evaluation
- Bariatric evaluation
- Clinician-rated PTSD clinical interview (e.g., CAPS)
- Clinician-rated structured clinical interview (e.g., SCID-5)
- Capacity evaluation
- Cognitive screening (e.g., MoCA)
- Cognitive assessment (e.g., WAIS, WASI, RBANS)
- Comprehensive safety evaluation (e.g., C-SSRS, CSRE, Safety Plan)
- Personality assessment (e.g., MMPI, PAI)
- Transplant evaluation

Intervention

It is expected that Interns will provide an average of 12 direct face-to-face hours with patients per week. It is understood that this will change developmentally throughout the year. At the start of their rotation or internship year, Interns will shadow their Supervisor to gain exposure to new interventions or experiences. Interns may also co-lead groups with their Supervisor and when appropriate are encouraged to facilitate psychotherapy groups and individual interventions independently. Interns will have ample opportunity to provide VA-emphasized evidence-based psychotherapy interventions and are encouraged to deepen their skill and knowledge through experiential practice and service delivery.

Diversity

There are several areas Interns must demonstrate a solid understanding of diversity related issues to show competency:

- 1) Interns are expected to reflect upon issues of diversity in their conceptualization and treatment of Veterans;
- 2) Interns are to reflect upon diversity related issues with their supervisors;
- 3) Interns are expected to incorporate diversity considerations into all case presentations; and
- 4) Interns are expected to attend all didactic seminars, which will incorporate diversity related issues.

Additionally, there will be a series of Diversity Seminars that will occur throughout the training year. While it is understood that there may be occasional absences (Annual or Sick Leave), it is expected that these seminars will be a priority for Interns.

Finally, Interns are expected to complete two Diversity Projects that highlights an ability to reflect on their own individual diversity and how it may impact their provision of care. These activities often will occur off site, and during non-working hours. As part of these projects, Interns will be asked to place themselves in an environment where they are outside their cultural background, traditions, or identity. These situations can include religious, organizational, or community activities. Interns will then write a paper reflecting on this experience, and then share their reactions, reflections, analysis, and lessons learned with other Interns and staff during group supervision and during an Intern directed Diversity Didactic.

Case Presentation

Case presentations address both the foundational and functional competencies of training in psychology. They demonstrate an Intern's ability to be professional, engage in self-reflection, utilize scientific knowledge and highlight his or her awareness of diversity issues. Likewise, case presentations are an opportunity for Interns to exhibit their knowledge of assessment and research and their utilization of interprofessional systems and consultation and supervision. Case presentations are an opportunity to give and receive valuable feedback from colleagues and learn how to integrate new information into their treatment planning for patients. Interns are required to provide 2 formal case presentations during group supervision. Formal presentations should include assessment, case conceptualization from a theoretical orientation, treatment plan, interprofessional care, and intervention. They should also address issues of diversity and research. The expectation is that on top of these formal case presentations, informal case presentations will occur often and frequently in both individual and group supervision. Within the context of group supervision we encourage Interns to offer constructive feedback with each other and help their peers explore different perspectives in their conceptualization of their client. Interns will be evaluated on their capacity to take initiative, receive, and apply feedback in the case presentation process.

Didactics

Didactic education is an opportunity for Interns to learn about a number of clinically-related issues in a more formal educational setting. Didactics will be typically be held every Wednesday from 10:30 am to 12:30 pm. In addition, on the 1st Wednesday of the month there will be a day long (10:30AM-4:30PM) presentation typically focusing on Empirically Based Psychotherapy interventions (e.g., CPT, PE, ACT-D, CBT-I, IBCT, IPT). These serve to provide a more in-depth training in and exploration of professional issues. Many didactics utilize an experiential or simulated case presentation approach to enhance the learning experience. At the start of the Internship year there will also be additional didactic trainings to help support Interns in transitioning smoothly into their new clinical environment. Didactic topics are varied throughout the year, and will correspond directly with the core competencies of the Psychology Internship Program. These seminars are taught by professionals across disciplines including psychologists, social workers, psychiatric nurses and psychiatrists. With the exception of Approved Leave and Sick Leave, it is expected that Interns will attend all seminars. If an Intern misses a didactic presentation, efforts need to be made to make up the missed didactic material (e.g., read the slides/relevant articles and write a reflection paper).

Interprofessional Treatment Teams

The Interprofessional Treatment Teams are designed to be patient-centered and to promote leadership. Interns' participation and training with interprofessional teams will address competencies in the following areas:

- 1) Values/Ethics for Interprofessional Practice
- 2) Professional Conduct and Accountability
- 3) Effective Interprofessional Communication
- 4) Understanding How Interdisciplinary Collaboration Enhances Outcomes
- 5) Knowledge of the Contributions of Other Professions
- 6) Development of Productive Relationships with Other Professions

Interprofessional teams include behavioral health teams and teams that cross disciplines (e.g., poly-trauma team, PACT, etc.). Interns will meet with supervisors to discuss how to attend and participate in these activities based on the particular rotation.

Research

Interns will have numerous opportunities to practice critically evaluating and applying scholarly knowledge to clinical practice. First, research knowledge will be incorporated into all clinical case presentations. Second, when appropriate, all didactic presentations will address the current research knowledge about that particular topic. Additionally, once a month in group supervision interns will take turns leading the group in the clinical application of a research article. Lastly, it is expected that interns will make a formal, clinically-oriented presentation to the behavioral health department, which will incorporate most recent research.

Despite the limitations on research experiences at Montana VA Health Care System, Interns are encouraged to engage in quality improvement or program development projects. Quality improvement is an important component to being a competent clinician and Interns are

supported in this process for their individual and group treatment (e.g., pre and post measures). Additionally, Interns may wish to engage in quality improvement as part of the Program Development & Leadership Rotation or as a supplementary experience.

EVALUATIONS

The aim of the Psychology Internship Program is to equip postdoctoral-level psychologists in the science, skill development, and art of psychological practice. This means the program aims to produce competent, ethical, and diversity-sensitive psychologists who are skilled in providing intervention, assessment and consultation to other professionals. The Interns who complete the program will possess the knowledge, skills and abilities to function as postdoctoral-level psychologists, meaning they are successful in achieving the profession-wide and program-specific competencies. To successfully complete the program at Montana VA Health Care System, Interns are evaluated on the competencies outlined above using the Intern Competency Evaluation Form.

The Intern Competency Evaluation Form will be completed by each of the Interns' two current supervisors. Interns will be evaluated on core competencies at 3 months, 6 months, 9 months, and 12 months. The mid-year (6 month) and end-of-year (12 month) evaluation forms will be sent to Interns' graduate programs. When completing this evaluation form, rotation supervisors will integrate the feedback from their experiences with you, as well as other involved multidisciplinary staff. The Intern will discuss and review this evaluation with their supervisors and sign the evaluation form. Interns are evaluated quarterly to allow for feedback and time for the Intern to adequately address any problems that may develop. The Intern will be provided with a copy of the evaluation forms, and these will also be turned into the Training Director. An Intern whose performance or progress is unsatisfactory will receive a detailed letter saying so and specifying areas in need of improvement.

Completion of the Internship program is conditional upon an Intern meeting the stated objectives along with professional behavior that meets or exceeds competencies. All competency behavioral elements must be observed or demonstrated (e.g., role plays) by the Intern. Interns are rated on a scale from 1-7, all the way from novice level to post-doc exit level. It is expected that most interns will progress from ratings of 3 to 5 over the course of the training year. By the 3-month evaluation point, Interns are expected to achieve ratings of 3 or higher on all behavioral elements, on each evaluation form completed. By the 6-month evaluation point, Interns are expected to achieve ratings of 4 or higher on at least 50% of all behavioral elements, on each evaluation form completed. By the 9-month evaluation point, Interns are expected to achieve ratings of 5 or higher on at least 50% of all behavioral elements, on each evaluation form completed. And by the 12-month evaluation point, Interns are expected to achieve ratings of 5 or higher on 75% of all behavioral elements, on each form completed. Interns who are performing below these expectations will be given the opportunity to make a change to their learning plan and/or remedial actions may be taken. Evaluation scores of 1 or 2 will always initiate a remediation plan. In addition, to pass internship, by the end of the year, Interns must have

attained a rating of “5” on all the professional competencies **at some point** during the training year. This will allow for some variability of skill in new settings, with new populations, and/or with new treatment approaches over the training year.

The goal of the program is to successfully graduate Interns into a career in professional psychology and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If an Intern is not performing at the expected level at any point in the year, a learning plan will be developed with clear and specific expectations agreed upon by the Intern and supervisor to help the Intern gain the necessary competencies. If an Intern continues to underperform a formal Probation and Remediation Process will be initiated in writing and agreed upon by the Intern, Supervisor, and Training Director. The Training Director retains the right to terminate and deny certification of Internship completion to any Interns who do not adequately remediate deficiencies documented in writing and written evaluations or who do not behave in a manner that is consistent with the American Psychological Association’s Ethical standards for Psychologists (2002), Ethical Principles of Psychologists and Code of Conduct (2002, American Psychologist, 57, 1060-1073), or is convicted of a felony crime. (See section on remediation below).

As such, in order for Interns to successfully complete the program, they must:

1. Complete 2080 hours of training.
2. Not be found to have engaged in any significant ethical wrongdoing.
3. Complete two diversity projects which includes a presentation to a faculty member and fellow Interns.
4. Complete 2 formal case presentations in group supervision.
5. Video or audio-tape sessions or be involved in “live” supervision.
6. Attend required didactics unless otherwise excused.
7. Provide one research presentation to the behavioral health department.
8. Complete six psychological assessments, with at least three meeting requirements for an integrative evaluation.
9. Complete Training Hours Log.
10. Be prepared for and attend 4 hours of supervision per week.
11. Complete all administrative requirements including adequate record keeping for patient care and program evaluation forms.
12. Complete minimum levels of achievement as identified and assessed through Intern Competency Evaluation Form:
 - a. By the 3-month evaluation point, Interns are expected to achieve ratings of 3 or higher on all behavioral elements, on each evaluation form completed. By the 6-month evaluation point, Interns are expected to achieve ratings of 4 or higher on at least 50% of all behavioral elements, on each evaluation form completed. By the 9-month evaluation point, Interns are expected to achieve ratings of 5 or higher on at least 50% of all behavioral elements, on each

evaluation form completed. And by the 12-month evaluation point, Interns are expected to achieve ratings of 5 or higher on 75% of all behavioral elements, on each form completed.

- b. Interns must have attained a rating of “5” on all the professional competencies at some point during the training year.

INTERN FEEDBACK

Interns are encouraged to provide feedback about the program through multiple formats. One member of the Intern class will serve as the Chief Intern on a rotating basis to attend part of the monthly Training Committee meetings and provide feedback to the Committee. Other meetings with the Training Director are called as needed. Interns provide written feedback quarterly about their rotation and supervisory experiences. They are encouraged to provide feedback to their clinical supervisors and the Training Director as issues and concerns are raised. At the end of each didactic seminar the Interns provide written feedback about the didactic training. The Interns are also asked to complete a feedback questionnaire about the internship program at mid- year and end-of-year, and they meet with the Preceptor quarterly and at the end of the year for an exit interview to share suggested improvements. Program graduates are surveyed annually for improvement suggestions.

DISTANCE EDUCATION

Much of the learning at Montana VA Psychology Internship is done in person. However, there are few times that the program does use distance education technologies. Given the rural nature of Montana there are times that the most expert person in a particular topic area is not located in Helena. As such, some of our didactics (~25%) are completed using distance education technologies (e.g., telehealth equipment such as Tandberg/MOVI, Microsoft Office Live TEAM Meeting). In these cases the presenter is typically still able to share power point slides and a two-way video feed is established. A telephone line is always available as back-up in case of technical difficulties. Additionally, supervision is consistently done in person. However, in very rare exceptions (e.g., weather related travel problems, off site training) a primary supervisor may provide supervision through telehealth technology or through telephone. In addition, an off-site psychologist may use teleconferencing to provide consultation on a complex case. However, in these few instances, there is always an on-site licensed provider identified for coverage and on-site assistance for the intern.



TRAINEE HOURS AND TIMEKEEPING

INTERNSHIP HOURS

Duty hours are 8:00 a.m. to 4:30 p.m. Monday through Friday unless otherwise arranged. For interns traveling to CBOCs for rotations, the schedule is often adjusted to allow for a 10-hour day when traveling and a separate 6-hour day is usually established in the tour of duty, to accommodate travel time. As with all staff, Interns are expected to complete 80 hours of work each two week pay period. Interns are required to be present for a 40-hour workweek. However, as internship is a training year, the emphasis should be placed on the time and effort it takes to complete a training opportunity rather than the number of hours worked. This means that sometimes Interns will work more than a 40 hour workweek, such as when wrapping up their case consultation and medical record documentation for a client in crisis prior to leaving for the day. The Internship is designed to duplicate the first year of a VA staff psychologist in terms of time commitment, leave time, and flexibility of time schedule.

Interns are expected to keep track of hours, training activities and interventions completed each week. Many licensing boards require that Interns track the amount, frequency, and type of interventions performed while on Internship. Therefore to ensure accuracy, it is required that this be completed at the end of each week. Interns can enter information directly into the digital file/spreadsheet and print out copies. This form should be signed weekly by the Interns supervisors, and turned into the Training Director quarterly. Interns are encouraged to retain a copy, and to contact the state in which they expect to be licensed in order to determine if modifications are necessary.



If an Intern has unexpected circumstances that arise that require them to take more than the typical time away from internship, then the program will work with the Intern and OAA (funding source) to discuss the best options for maintaining a successful internship completion. In these types of cases the Intern typically provides written documentation of the reasons behind the need to take additional time or the request for accommodations, and a plan is created in writing about how to

best accommodate the unique need. There are often multiple options to achieve successful internship completion, including an Intern using advanced sick leave or an Intern entering a “leave without pay” status and extending the internship year. If an Intern is experiencing this type of situation, they are encouraged to proactively discuss the situation and options with the TD. In these cases, the options are delineated and explored fully with Intern in order to create a collaborative plan.

FEDERAL HOLIDAYS

There are 11 paid federal holidays. When the holiday falls on a Saturday, the Friday before is typically the federal holiday. When it falls on a Sunday, the next Monday is typically the federal holiday. Occasionally, there will be an executive order granting federal employees additional time off (e.g., Christmas Eve, Day of Mourning), for which interns without patients scheduled are also eligible.

Labor Day	First Monday in September
Columbus Day	Second Monday in October
Veterans Day	November 11
Thanksgiving	Fourth Thursday in November
Christmas Day	December 25
New Year's Day	January 1
Martin Luther King Day	Third Monday in January
Presidents' Day	Third Monday in February
Memorial Day	Last Monday in May
Juneteenth National Independence Day	June 19
Independence Day	July 4

REQUESTING LEAVE

Leave includes Annual Leave (AL), Sick Leave (SL), Family Care (CB), and Authorized Absence (AA). Interns earn 4 hours per pay period of AL and 4 hours per pay period of SL (family care is subsumed under the SL category). Each Intern may be granted up to 40 hours of AA, to attend professional development activities, such as conferences, non-VA training workshops, or post-doctoral/employment interviews. AA is granted at the discretion of the Psychology Training Director. One day of AA may be granted for dissertation defense.

Interns must have already earned the AL or SL prior to taking the time off. Interns will not be allowed to take time off without pay unless prior arrangements have been coordinated and approved between VA Executive Leadership and the VA Office of Academic Affairs; or for extenuating circumstances. Time off without pay is not encouraged as this will delay or extend the completion of the internship year.

In order to request leave, an Intern must obtain the written approval of both their supervisor(s), the Associate Training Director, and the Associate Training Director, typically via email. For vacation and AA days, the request needs to be made with 45 days advanced notice. When leave is being requested, Interns must get all approvals prior to entering the leave into the timekeeping system and/or alerting the timekeeper. In addition, Interns are to make sure they have supervisor and TD approval before making final arrangements for the time off (e.g., buying plane tickets).

Discussions about when it is appropriate to take leave should be had collaboratively with supervisors, so that considerations can be made around impact on patient care and training goals. Interns are required to designate a clinical coverage person (this will almost always be the

clinical supervisors) in their absence. It is the trainees' responsibility to keep track of leave and ensure their clinical duties are covered.

When an Intern cannot report for work because of illness of self or family member or some other emergency, the trainee must be sure to always notify the following people as soon as they become aware that they will be absent from work:

- 1) Rotation Supervisor on the day of absence;
- 2) Training Director/Associate Training Director;
- 3) Timekeeper; and
- 4) Any supervisor that is leading an intern activity on the day of absence (as applicable)

These people should all be notified by email, and if appropriate/possible, by telephone. This ensures that all relevant people will be aware of an Intern's absence, and also that patients will be notified appropriately of Intern's absence. Given this responsibility for notification, Interns should be sure that they have all relevant staff's contact information available at home. For each subsequent day that the Intern is going to absent, the procedures above should continue to be followed. If the Intern is out sick for 4 consecutive workdays, Montana VA Health Care System policy requires a written note from a doctor documenting the illness.

PARENTAL LEAVE

Given the timing of psychology graduate training, it is not unusual for interns to become pregnant or adopt children during their internship year. In these cases it is important for Montana VA Psychology Internship to come to a mutually agreeable solution with the Interns that accomplishes, at a minimum, the following goals:

- Allow appropriate parental leave for parents and their new children
- Provide sufficient time for bonding with new children and postpartum recuperation
- Ensure that the Intern meet the program's aims, training goals, competencies, and outcomes
- Comply with state, federal, and VA standards regarding parental leave

The internship program will work as creatively and flexibility as possible in order to accommodate the family needs of the Intern. In these cases, the Intern will start by using all of their already accrued paid sick leave and then annual leave. Next, the Intern will typically go on Leave Without Pay (LWOP) status until they are able to return to the training program. In cases of LWOP, the Training Director will work closely with the Office of

Academic Affiliation (OAA) and the Montana VA Fiscal Office to coordinate how to adjust stipend-related funds if the internship year consequently extends beyond the federal fiscal year. During LWOP status the VA will continue to pay the VA portion of health and life insurance benefits. When the Intern returns to duty, they will need to pay for their portion of these expenses. They



may do so over time through payroll deductions. Upon returning to duty, the Intern will be returned to paid status.

When the Training Director is alerted to the need for parental leave, a collaborative plan will be delineated and documented in writing. This plan will establish how leave will be used, and how the Intern will achieve his/her 2080 internship hours and all program competencies. If LWOP status is used, the plan will document how the Intern will make up the LWOP hours and any missed training opportunities. This documented plan will make sure to meet the goals delineated above. We ask that Interns share about their parental leave wishes and needs in a reasonable time frame, so as to maximize the opportunity to plan for leave and adjustment to the training plan.

MILITARY LEAVE

HPTs who are in the U.S. Military Reserves (e.g., Navy Reserves) or National Guard in training positions allocated for 2080 hours or more may be granted up to 15 days of military leave annually. When the Training Director is alerted to the need for military leave, a collaborative plan will be delineated and documented in writing. This plan will establish how leave will be used, and how the Intern will achieve their 2080 internship hours and all program competencies. <https://dvagov.sharepoint.com/sites/VHAOAA/public/SitePages/Military-Leave-for-HPTs.aspx>

NATIONAL EMERGENCY PREPAREDNESS

CONTINGENCY PLANNING FOR COVID-19 PANDEMIC OVERVIEW

The COVID-19 pandemic has created numerous personal and professional challenges for us all. One of these challenges is uncertainty about what will happen next week, next month, or throughout the year. Despite the ever-changing challenges associated with the pandemic, the MTVAHCS Psychology Internship Program has made every attempt and will continue to work hard to ensure interns have meaningful training experiences. The training program, behavioral health leadership, and facility leadership are all invested in working together to use all available resources to ensure that Interns have experiences that enable them to achieve full competency by the end of the Internship year. In addition, it goes without saying that the health and safety of our Psychology Trainees, along with the competent care of our nation's veterans, is of utmost importance to us.

We will continue to provide high quality training in professional psychology while simultaneously keeping our trainees' health and wellness at the forefront. Training will be provided in the provision of tele-mental health to include both logistical and ethical/clinical considerations. Attention is being paid to ongoing changes in laws, directives, and guidance within the field. It is our expectation that both clinical services and training experiences may be modified over time to meet current needs as we navigate new ways of living in this COVID-era.

We are monitoring information daily from sources to include:

- VA's Office of Academic Affiliations (OAA)
- VA's Office of Mental Health and Suicide Prevention (OMHSP)
- American Psychological Association (APA)
- Association of Psychology Postdoctoral and Internship Centers (APPIC)
- Association of State and Provincial Psychology Boards (ASPPB)

Many lessons have been learned over the last few years with COVID-19, as our trainees and staff have intermittently shifted to providing clinical services and training remotely. Our dedication to high-quality clinical care and psychology training and our dedication to the trainees themselves has never been stronger. For example, due to state and federal/VA mandates beginning in March 2020, and in the best interest of Veterans, staff, and trainees, a substantial transition was made to change face-to-face meetings to virtual formats. This included individual and group supervision as well as didactic and other training activities. Tele-supervision was also approved during this time, to protect both trainees and supervisors. Additionally, when indicated, all Interns have also intermittently been approved to telework and provide care from their homes. These were and will continue to be decisions made based on consistent guidance with national, state, and VA regulatory organizations. We will continue to update our public materials as we know more about what will be in store for the 2023-2024 training year. Please feel free to reach out to us if you have any questions.

CURRENT STATUS OF INTERNS

As of early August, 2022 the MTVA hospital currently treats veterans using a combination of in-person (with precautions in place which are described below), video, and telephone appointments. Though the 2019 -2020 Intern class had a period of working remotely, the past two Intern cohorts have been working on-site full time, with safety precautions in place. Due to COVID-19, Interns have increased utilization of telehealth and technology-based delivery platforms. Current Interns are not experiencing any significant changes to the clinical services or populations served in rotation experiences described in our materials. All rotations are currently being offered to Interns and rotation experiences have not changed due to COVID, with the exception of increased use of tele-health and mask wearing in session. Psychological assessment is currently continuing to occur with a combination of in-person and video/telephone meetings, again with the utilization of safety precautions when in-person.

Although this describes the status for our current Interns, please note the fluid nature of the situation, and that this status may change by the 2023-2024 training year.

ON-BOARDING CONSIDERATIONS

We do anticipate starting internship on-time and will still require all the normal on-boarding requirements, including being up-to-date on immunizations (including the flu shot and COVID vaccinations) and fingerprinting. The CDC has stated that keeping up to date on immunizations is important during this time to protect against any other illnesses that may compromise the immune system. Thus, we view this as an additional public health safety precaution. Our facility has ruled that finger-printing is an essential function and necessary to protect the interests of

our patients. Thus, finger-printing is also still a requirement and needs to be completed 30 days before the start of internship. The finger-printing department at Montana VA Health Care System has enacted extra safety measures including all staff wearing masks, extra sanitization, and patient room sanitization in between appointments. If the finger-printing office is closed at your nearest VA, we will work with you to coordinate with our Human Resources to identify next steps through our facility.

CURRICULUM CHANGES AND RESOURCES

Interns will be trained during orientation on all telehealth modalities, policies, and procedures, so that these measures can be safely utilized. All orientation activities, didactics, and supervision can be provided via telehealth, if needed. Interns are typically issued VA-issued computers, which allow them to connect to the VA network either at work or at home. At this time, Interns would need their own personal WIFI/data service plan to access all necessities to telework from home. If an Intern does not have this readily available, every attempt will be made to supply the Intern with these resources. Historically, Interns have been given the option to report in-person to locations where there are minimal to no staff in order to work more efficiently if they do not have adequate supplies and/or are having intermittent problems with remote access.

FACILITY SAFETY PROCEDURES

Our facility has enacted a large number of safety measures to decrease potential staff or veteran exposure to COVID-19. Facility-wide safety measures include the following: staff must wear masks at all times when on campus unless they are alone in their office; staff are required to obtain a COVID vaccine, unless they have a documented exemption; veterans are required to wear masks while on VA property; staff are provided and fitted for an N-95 mask; all staff must stay home if they are not feeling well and cleared by Occupational Health before returning to work if experiencing any COVID symptoms; interns and staff are provided work laptops so they may continue to work from home when waiting for approval to return to work if required to quarantine. All staff and trainees can present to Occupational Health for treatment and screening if they develop any COVID symptoms at work; trainees will have access to standard surgical masks, hand sanitizer, and CAVI wipes or the protection of self, staff, and population we serve. Lastly, whenever it is possible interns will be provided with their own office space.

TELEWORK FROM HOME ARRANGEMENTS

If necessary due to a public health crisis, the MTVAHCS has the ability to transition all Interns to full-time teleworking, while maintaining almost all training activities without significant disruption. Specifically, trainees will continue to see veterans via telehealth for individual therapy, group therapy and limited assessment; attend and participate in didactics and supervision via virtual media technologies; and benefit from live, direct observation of clinical care by supervising psychologists (who are able to join live video sessions). The decision regarding interns teleworking from home will be made in consultation with facility leadership, Behavioral Health leadership, and the Designated Education Officer. It is important to note that Interns are considered paid employees of the VA and essential employees for their internship year and will be expected to follow policies set for VA staff during the COVID-19 pandemic. Of further note, Interns must be deemed competent to provide telehealth care from home by supervisors prior

to this being an option. Supervisors will work to conduct at minimum of 2 live observations of telehealth sessions during the first six weeks out of orientation, along with testing knowledge of telehealth policy during supervision to ensure this competence.

CONTINGENCY PLANNING FOR ROTATION IMPACT

We strive to be transparent at all times; however, we are not able to predict how specific rotations or training opportunities may evolve during the training year. Based on lessons learned between 2019-2022 training years and from ongoing Training Committee discussions, we have identified the following contingency plans in case of increased rotation impact due to COVID-19.

The majority of rotation offerings are easily modified if Interns are required to telework due to worsening rates of COVID-19. The Clinical Geropsychology, General Outpatient, Outpatient Trauma Recovery, PCMHI, and Program Development and Leadership rotations all involve clinical activities that are easily able to be provided through virtual care. Interns have successfully navigated providing individual, group, couples, family, and consultative services through virtual care options. Interprofessional team meetings in these settings typically transition to virtual meetings as well, thereby still also providing this training opportunity.

The Clinical Neuropsychology and Psychological Assessment rotations have yet to be negatively impacted by COVID-19, as in-person assessments have continued to be completed across the hospital system. Interns have used a combination of virtual and in-person meetings to complete these assessments. Safety precautions have been used for in person meetings, including face masks, face shields, disinfecting testing supplies between uses, and social distancing. If state/federal mandates required the discontinuation of in-person meetings, these rotations would continue through the combined use of assessments with veterans using tele-health technology and simulated assessment training activities to make sure to achieve competencies.

The Residential Trauma and Substance Use Recovery rotation could also be more substantially impacted by COVID-19. The unit is currently open, though has a lower bed census to allow for increased social distancing. When the unit was previously shut down due to COVID-19, interns continued to participate in virtual residential activities, including helping to develop and co-lead groups for veterans that had previously resided on the unit and were recently discharged or veterans who were on the waitlist for the program to re-open. As such, even when the unit was closed Interns were still able to gain meaningful training experiences on this rotation.

The Triage and Rapid Evaluation Clinic (TREC) rotation could also be impacted by COVID-19. This rotation is best suited for in-person experiences, due to the crisis nature of the clinical work being completed. As such, if Interns were required to telework fully during this rotation, we may consider adjusting or changing the training plan to ensure adequate direct patient care hours through another rotation. That said, adjunctive experiences may be possible to sharpen crisis management skills, including virtually shadowing the TREC psychologist (who would continue to be on-site), simulated role plays, and/or chart reviews/case discussions.

DUE PROCESS

All Interns are afforded the right to due process in matters of problem behavior and/or grievances. A policy for “Problems, Due Process, Remediation, Appeal, and Grievances” is included in the Intern Manual and reviewed with all interns during their two weeks of orientation at the start of internship. A copy of the policy is available to any interested applicants, upon request.

POLICY ON PSYCHOLOGY TRAINEE SELF DISCLOSURE

Consistent with the Ethical Code of the American Psychological Association, psychology trainees in the MTVAPI are not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, or relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The only exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience. For example, trainees may decide to complete a genogram exercise as part of the Cultural Diversity Seminar.

STATEMENT OF NONDISCRIMINATION

The MTVAPI program strongly values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If an Intern feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Training Director and/or follow the grievance process outlined in this Intern Training Manual. In addition, the Intern may elect to utilize the VA EEO process. The Intern can request confidential assistance in accessing the EEO program from the Training Director, Associate Training Director, any member of the training committee, preceptor, or the program support assistant.

PSYCHOLOGY STAFF

Please note, MTVAHCS is in the process of hiring additional psychologists for the health care system. It is anticipated that at least 5 more psychology staff will be on board by the start of the 2023-2024 internship year.

Lori Armstrong, Ph.D., University of Montana, 2001. Psychologist, Health Behavior Coordinator, Fort Harrison Medical Center. Professional interests include: Integrated health care, brief therapeutic interventions, and positive mental health/resiliency. Areas of emphasis include insomnia, chronic pain, and motivational interviewing. Personal interests include women's rights, environmental issues, architecture, historic preservation, creating art, history, literature, classic films, genealogical research, and all things related to Denmark. Married for 31 years and a mother of 2 teenage daughters, she dreams of the day when she has time to actually pursue some of these interests.

****Rosanna Bailey, Psy.D., George Fox University, 2018:** Staff Psychologist, Primary Care-Mental Health Integration, Fort Harrison Medical Center. Professional interests include: Health psychology and rural mental health. Dr. Bailey is the supervisor for the PCMHI rotation at Fort Harrison. Personal Interest Include: Outdoor activities (fly fishing, hiking, exploring national/state parks), spending time with family and friends, discovering new recipes, playing board games, and watching all things related to the Marvel Cinematic Universe.

Stevia Baldwin, Psy.D., California School of Professional Psychology, San Diego, 2018. Staff Psychologist, Outpatient Behavioral Health at the Kalispell CBOC. Dr. Baldwin is also the MTVA Evidence Based Psychotherapy Coordinator. Professional interests include: Combat trauma; addressing mental health care stigma and access to care in rural settings; standards of care; education/advocacy; psychological assessment; compassion cultivation and couples therapy. Personal interests include: mountain and water activities, music, travel, and time with family.

Ken P. Bennett, Ph.D., University of Wisconsin-Milwaukee, 2020. Graduate Psychologist, Residential Treatment Program for PTSD and SUD, Fort Harrison Medical Center. Professional Interests include: Trauma and PTSD, anxiety disorders, OCD, insomnia, uncertainty, exposure, and other behaviorally-oriented interventions. Personal interests include: All things music (live music, making music, being a music hipster snob, etc.), outdoor activities (hiking, camping, kayaking, fishing, floating, snowboarding), cooking/baking, comedy, and spending time friends, family, and my purrfect cat, Calvin.

****Hannah Bergman, Ph.D., Case Western Reserve University, 2017.** Staff Psychologist, Primary Care-Mental Health Integration, Bozeman Community Based Outpatient Clinic. Dr. Bergman is the lead of the iFrontier team; this team provides telehealth PCMHI services to Veterans served at more rural/frontier CBOCs. Dr. Bergman's professional interests include: brief treatments (e.g., brief CBT-chronic pain, CBT-I), trauma-focused/PTSD treatments (e.g., PE-PC, written exposure therapy for PTSD), behavioral health concerns (e.g., insomnia, chronic pain, substance use), and assessments (e.g., SCID-5, CAPS). Dr. Bergman is a supervisor for the PCMHI rotation at the Bozeman CBOC. Outside of work, Dr. Bergman enjoys spending time with her husband, energetic 2-year-old son, and sassy cat, exploring Bozeman, and watching binge worthy TV.

Rob Braese, Ph.D., Fuller Theological Seminary, Graduate School of Psychology, 2008. Staff Psychologist and Program Manager, Outpatient Behavioral Health, Fort Harrison Medical Center. Professional interests

include: PTSD, post deployment difficulties, sleep/nightmares, moral injury, spirituality, and administration. Personal interests include: family, being outdoors, food, music/guitars.

Conrad Burbank, Psy.D., Adler University, 2020. Staff Psychologist, Great Falls Community Based Outpatient Clinic. Dr. Burbank's professional issues include: EMDR, psychodynamic psychotherapy approaches, trauma, family of origin issues. Personal interests include: camping, going to Glacier National Park as many times as I can, fishing, watching the MSU Bobcats win, spending time with my family.

****Robert E. Connell, Psy.D., Florida School of Professional Psychology, 2002.** Deputy Associate Chief of Staff for Behavioral Health. Staff Psychologist and board-certified in forensic psychology (ABPP). Professional interests: administration, supervision, forensic psychology, neuropsychology, EBPs. Dr. Connell provides supervision for supplementary program development and assessment experiences. Personal interests: family, outdoors activities, exercise, and learning guitar.

Justin Davich, Ph.D., Palo Alto University, 2020. Graduate Psychologist, PTSD-SUD Specialist, Outpatient Behavioral Health Clinic, Fort Harrison VA Medical Center. Professional interests include: evidence-based treatments, trauma/stressor-related disorders, contributing cognitive factors (e.g., executive function and cognitive (in)flexibility), grief, depression and anxiety, phobias, OCD, chronic pain, couples and family, ACT-based treatment approaches, rural mental health, integrated/interdisciplinary healthcare, cultural diversity, and behavioral approaches (e.g., mindfulness and biofeedback). Personal interests include: spending quality time with family and friends, raising two little boys (5-year-old and baby) and our new puppy, listening to and playing music, gardening, and all types of outdoor activities (e.g., hiking, skiing, camping, etc.).

Kiley Dunlap, Psy.D., PGSP-Stanford PsyD Consortium, 2021: Graduate Psychologist, Behavioral Health Interdisciplinary Program, Bozeman Community-Based Outpatient Clinic. Professional interests include: Evidence-based psychotherapies for PTSD (PE & CPT), Emotionally Focused Couples Therapy, CBTi, therapeutic assessment, culturally responsive care, including for gender diverse Veterans. Personal interests include: cooking, cohousing, learning about dinosaurs and rediscovering princess movies with my three-year-old; thinking about exercising; sometimes exercising.

Glenda Eklund, Psy.D., Arizona School of Professional Psychology at Argosy University, Phoenix, 2014. Professional Interests: Underserved populations, integrative medicine, trauma informed care, diversity research. Personal Interests: Family activities (water parks, theme parks, traveling, board games); kayaking, hiking, paddle boarding, spending time with my two dogs.

****Jessica D. Garner, Psy.D., The Chicago School of Professional Psychology, 2019.** Staff Psychologist, Triage and Rapid Evaluation Clinic (TREC), Fort Harrison Medical Center. Professional Interests include: Identity Loss after Military Service, Crisis response and occupational stress with first responders, Combat trauma and PTSD, Moral injury, couples therapy, suicide risk, insomnia, chronic pain, and psychological and forensic assessment. Dr. Garner is a supervisor for the TREC rotation. Personal interests include: Ice hockey, not running, Joe Rogan podcasts, documentaries, outdoor activities, and motivational athletes.

Derek Grimmell, Ph.D., University of Nebraska, 1998. Neuropsychologist, Billings Community Based Outpatient Clinic. Professional interests include: toxic exposure (including substance abuse), brain injury, and dementing disorders. Subspecialty in research and statistical methods. Five years' experience in forensic work, especially risk and threat assessment. Personal interests include: Former software engineer and professional jazz saxophonist, and member U.S. Chess Federation.

****Tyler Halford, Ph.D., University of Louisville, 2016.** Staff Psychologist, Residential Recovery Program, Fort Harrison Medical Center. Professional interests include: PTSD treatment interventions (e.g., ACT/mindfulness, CPT, PE), co-occurring PTSD and Substance Abuse interventions, integrated behavioral medicine, and couples and family therapy. Dr. Halford is a supervisor for the Residential Trauma and Substance Use Recovery rotation. Personal interests include: raising three sons, outdoor activities (specifically hunting, hiking, fishing, camping), and following professional sports.

****Angela Jez, Psy.D., Illinois School of Professional Psychology, 2007.** Internship Preceptor, Staff Psychologist and Program Manager, Outpatient Behavioral Health, Kalispell Community Based Outpatient Clinic. Professional interests include: PTSD, MST, depression, ADHD, lifespan issues, psychological assessment, couples therapy, and evidenced based therapies (IPT, CPT, CBT and DBT). Personal interests include a variety of outdoor adventures with her family and pets.

****Patricia Johnson, Ph.D., University of South Florida, 2017.** Neuropsychologist, Fort Harrison Medical Center. Professional interests include: neurodegenerative diseases, traumatic brain injury, cognitive rehabilitation, teaching/training, and research. Previous research topics includes Huntington's disease, emotional memory, personality, Parkinson's disease, and several multi-site studies. Dr. Johnson is the supervisor for the neuropsychology rotation at Fort Harrison. Personal interests include: hiking, traveling and exploring new places, movies/TV series, and crafts.

Michael J. Kurtz, PsyD, MSCP, Spalding University, 2011. Staff Psychologist and Program Manager, PCMH-East, Billings Community Based Outpatient Clinic. Professional interests include: psychotherapy integration, attachment and evolutionary psychology, psychological assessment, existentialism, clinical psychopharmacology, and neuropsychanalysis. Personal interests include: baseball, fantasy sports, literature, movies, art, poker and animals.

Emily Lehman, PsyD, Pacific University, 2020. Graduate Psychologist, Home-Based Primary Care and Sleep Medicine, Fort Harrison Medical Center and the Helena Sleep Center. Professional interests include: health psychology, geropsychology, sleep medicine, and rural mental health with emphases in chronic pain, end-of-life issues, and health-related behaviors. Personal interests include: camping, hiking, kayaking, bird watching, live music and concerts, and anything involving animals, especially my two Siberian huskies.

Jacob Lehman, PsyD, Pacific University, 2020. Graduate Psychologist, Outpatient Behavioral Health, Fort Harrison Medical Center. Professional interests include: Rural and Native American mental health, performance/sports concerns, grief and loss, depression, suicidality (in moderation, not my entire caseload), and relational problems. Personal interests include: Outdoor activities (hiking, fishing, hunting, camping, kayaking, you name it!), woodworking, watching/playing sports, traveling with my beautiful wife, spending time with family and friends, and typically just finding something to keep me busy.

****Gretchen Lindner, Ph.D., Georgia State University, 2006.** Associate Training Director and PTSD Clinical Team (PCT) Program Coordinator, PCT, Bozeman Community Based Outpatient Clinic. Professional interests include: PTSD and trauma recovery, evidence-based therapies (e.g., PE, CPT, EMDR, EFT, and CBT-I), couples therapy, and student/staff training. Dr. Lindner is a supervisor for the Outpatient Trauma Recovery rotation at the Bozeman CBOC. Personal interests include: family, friends, cooking, movies, and running/hiking.

****Dana O. Mato, Psy.D., Adler University, 2010.** Staff Psychologist, BHIP & HUD-VASH Program Manager, Outpatient BH Supervisor at the David J. Thatcher Community Based Outpatient Clinic in Missoula. Professional Interests include: Evidence-Based Practice, Trauma Focused Treatments, Health Psychology, Health Equity, Social Determinants of Health, LGBTQ+ Issues and Gender Affirming Care, Culturally Competent Care, Psychological Testing & Differential Diagnosis, Neurodevelopmental Disorders, Brief Interventions, OCD Spectrum, Psychology Training, Program Development, Translational Research, Health Behavior Change. Dr. Mato provides supplemental assessment and supervision training. Personal Interests: Outdoor adventures (camping, hiking, kayaking, paddle boarding, river fun); Baseball; Fly Fishing; overseas travel; fine wine, improving my Spanish language proficiency; spending time with our 2 active sons.

****Joanna Legerski McCormick, Ph.D., University of Montana, 2010.** Director of Psychology Training and Staff Psychologist, Outpatient Behavioral Health, Fort Harrison Medical Center. Professional interests include: rural mental health, individual and family trauma, PTSD, family adjustment, geriatric mental health, and evidence-based therapies (e.g., CPT, IPT, CBT-I, Cognitive-Behavioral Conjoint Therapy for PTSD, Integrated Behavioral Couple Therapy, Complicated Grief, REACH VA for Dementia, and mindfulness based self-compassion). Dr. McCormick is a supervisor for the Clinical Geropsychology and General Outpatient rotations at Fort Harrison. Personal interests include parenting two boys, horseback riding with her family on backcountry trails, and exploring creeks with her dogs.

****Sandra Lotshaw Micken, Ph.D., University of Montana, 1994.** Staff Psychologist, Outpatient Behavioral Health, Fort Harrison Medical Center. Professional interests include: rural mental health, integrated healthcare/health psychology, trauma recovery, and mood disorders. Dr. Micken is a supervisor for the General Outpatient rotation at Fort Harrison. Personal interests include hiking, skiing, travel, family, music, and trying new things/meeting new people.

Jessica Peltan, Ph.D., Idaho State University, 2012. Virtual Staff Psychologist, Outpatient Mental Health, Billings Community Based Outpatient Clinic. Dr. Peltan is a national Motivational Interviewing EBP trainer and consultant for the VA. Her professional interests include: MI, program development, trauma-related disorders, substance use, establishing an anti-racist and ally identity as psychologist, understanding role of privilege/power in mental health/treatment, leadership development in the VA, and considering gender in professional settings. Dr. Peltan identifies her professional interests as: My human child and fur babies, skiing, hiking, traveling, anything outdoors.

****Michelle Springfield, Psy.D., American School of Professional Psychology, Washington DC, 2018.** Staff Psychologist, Equine Assisted Therapy Program Coordinator, Outpatient Behavioral Health Clinic, Fort Harrison Medical Center. Professional interest include: Health Psychology, complementary/integrative behavioral medicine approaches (e.g., mindfulness, biofeedback, whole health), Equestrian Assisted Psychotherapy/Activities, and ACT-based treatment approaches. Subspecialty interest in presurgical psychological assessments (e.g., transplant and bariatric evaluations). Dr. Springfield provides supplemental supervision for the psychological assessment rotation and for Equine Therapy experiences at Fort Harrison. Personal interest include: raising three adorable (but kind of spoiled) kids, anything and everything with horses, exploring Montana, and all things Marine Corps.

****Curtis Tillotson, Psy.D., Azusa Pacific University, 2008.** Staff Psychologist, Residential Trauma Recovery Program, Fort Harrison Medical Center. Professional interests include: Co-occurring PTSD/SUD, Moral Injury, evidence-based therapies (e.g., CPT, MET), adventure-based experiential education, and training.

Dr. Tillotson is a supervisor for the Residential Trauma and Substance Use Recovery rotation. Personal interests include: family, friends, cooking, movies, cycling, fishing, landscaping, and stained glass work.

****Christian Zal-Herwitz, Ph.D., University of Montana, 2015.** Staff Psychologist and Program Manager, PCMHI-West, stationed at the David J. Thatcher Community Based Outpatient Clinic in Missoula; Affiliate Faculty, University of Montana. Professional interests include: health behavior change (e.g., chronic pain, diabetes), MAC (i.e., mindfulness, acceptance, compassion) approaches, brief interventions (e.g., Behavioral Activation), trauma-focused treatment (e.g., Prolonged Exposure for Primary Care), training, and LGBTQ+ issues. Dr. Zal-Herwitz is a supervisor for the PCMHI rotation, the director of the psychology practicum program, and chair of the Diversity Mentoring Program for interns. Personal interests include: my wife, this golden age of television, sci-fi and fantasy film and literature (RIP Ursula K. Le Guin), meditation, spaghetti, and Radiohead.

*** Denotes core training faculty*

PROGRAM SUPPORT STAFF

Sean Clark, Program Support, Fort Harrison Medical Center.

Kathleen M. Farquhar, Psychometrist, Fort Harrison Medical Center.

GRADUATE PROGRAMS OF INTERNS

Adler University (x2)
Alliant IU/CSPP-San Francisco
American School of Professional Psychology-Argosy, Washington DC
American School of Professional Psychology-Argosy, Southern California
Chicago School of Professional Psychology (2x)
Chicago School of Professional Psychology, Irvine Campus
Divine Mercy University
George Fox University (x2)
Midwestern University-Glendale (x2)
Pacific University (x3)
PGSP-Stanford Consortium
Seattle Pacific University
University of Arkansas
University of Denver
University of Louisville
University of Missouri – Kansas City
University of Montana
University of North Dakota
University of North Texas
University of Oregon
University of Wisconsin – Milwaukee
Utah State University

POST INTERNSHIP PLACEMENT OF INTERNS

Graduate Psychologist, G.V. (Sonny) Montgomery VA Medical Center
Graduate Psychologist, Montana VA Health Care System (x5)
Postdoctoral Fellow, Community-Based/GMH, San Francisco VA Healthcare System
Postdoctoral Fellow, Emphasis in Addictions, John D. Dingell VA Medical Center
Postdoctoral Fellow, Interprofessional Mental Health, Tennessee Valley Healthcare System
Postdoctoral Fellow, Lighthouse Associates
Postdoctoral Fellow, Police Psychology, Nicoletti-Flatter Associates (2x)
Postdoctoral Fellow, Samuel S. Stratton VA Medical Center
Postdoctoral Fellow, Sierra Tucson
Postdoctoral Geropsychology Fellow, Captain James A. Lovell Federal HCS
Postdoctoral Geropsychology Resident, Oklahoma City VA HCS
Postdoctoral Neuropsychology Fellow, Portland VA HCS
Postdoctoral Resident, Strong Integrated Behavioral Health
Postdoctoral Neuropsychology Fellow, VA Maine Health Care System
Postdoctoral Neuropsychology Resident, Edith Nourse Rogers Memorial Veterans Hospital
Psychology Resident, St. Charles Medical Center
Resident Psychologist, Providence Health and Services
Staff Psychologist, Montana State Hospital
Staff Psychologist, PTSD Clinical Team, Phoenix VA Health Care System
Staff Psychologist, VA Western New York Healthcare System

LIVING IN HELENA, MONTANA

Helena is the state capitol of Montana's total population of 1,085,407 (according to 2020 census), and within the city limits reside approximately 33,000 persons. The greater Helena area population is over 63,000. Helena is located in the Rocky Mountains and adjacent to the clear waters of the Missouri River. Historians state that people of the Folsom culture lived in this region over 10,000 years ago. Many other native people, including the Salish and Blackfeet came to this area on a seasonal basis. By the early 1800s trappers of European

descent came through this region as they worked the Missouri River. Helena as a community was born in 1864 when prospectors known as the Four Georgians struck gold at a place they



called “Last Chance Gulch,” now Helena’s main street. From this gold strike, Helena experienced a mining boon and eventually became a transportation hub that developed roads and railroad connections for the extraction and agricultural industries of the region. While today the mining industry may not be the windfall it once was, it is believed that half the world’s sapphires are found in Montana and prospecting continues to be a popular activity.

Interns and staff suggest the weekly Farmer’s Market and Craft Fair in downtown Helena and the pedestrian mall as favorite activities for good food and people watching. Just off the Helena downtown area you might also like to take a hike right in town on Mount Helena, a 620 acre park that looks down on the city from its 5,468 foot peak. From the Mount Helena trailhead, a number of well-marked trails provide options for hiking to the peak, circling the mountain, or walking out into Helena National Forest. Within 13 miles of Helena there are five local access points to the Continental Divide Scenic Trail. This area is also well known to the mountain biking enthusiast community.

If you enjoy the outdoors, the forests surrounding Helena are home to an abundance of deer and elk as well as many other wildlife species. Excellent fishing can be found in Helena area lakes and streams. Four of our favorite lakes include: Hauser, Helena, Holter, and Canyon Ferry. If you are keen for local skiing the Great Divide Ski Area is 20 miles from downtown, near the tiny town of Marysville. Many snowmobile and cross-country trails are also located just outside of town.



Throughout the year local community activities will keep you busy with theater and symphony performances, museum tours, jazz festivals, concerts, rodeos, and running races such as the renowned “Governor’s Cup.” You might also like to observe, or if you are daring, participate in winter sports such as dog sledding and skijoring. If you like home grown food, local beer, the rural Montana landscape, *and* music; the Red Ants Pants Music Festival held every July in nearby White Sulphur Springs is not to be missed.

Helena has a very stable and viable economy with an unemployment rate traditionally below average in Montana and one of the lowest in the United States. The largest employers in the city are government related.

State statistics report 45% of Helena residents as having at least a four-year college degree. In addition to Fort Harrison VA Medical Center, the Helena based Shodair Children’s Hospital and St. Peter’s Hospital provide quality healthcare services for the community and the state.



Yellowstone National Park (3:00)
<https://www.nps.gov/yell/index.htm>



Glacier National Park (3:20)
<https://www.nps.gov/glac/index.htm>



Grand Teton National Park (5:15)
<https://www.nps.gov/grte/index.htm>



Jackson Hole, Wyoming (5:00)
<https://www.jacksonholechamber.com/>



Alberta, Canada (3:00)
<https://www.travelalberta.com/us/>



Coeur d'Alene, Idaho (4:15)
<https://coeurdalene.org/>

MORE TO EXPLORE



<https://www.va.gov/montana-health-care/stories/>



<http://www.helenamt.com/>
<https://www.visitmt.com/places-to-go/cities-and-towns/helena.html>

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: August 2022

Program Disclosures

	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	
<p>The Department of Veterans Affairs (VA) must follow all federal statutes, Equal Employment Opportunity, Affirmative Action policies and approved VA regulations interim and final rulings. To participate in training at a VA, a Health Professional Trainee (HPT) must meet all federal eligibility requirements. Additional information regarding federal eligibility can be found starting on page 4 in this brochure and/or the following weblinks:</p> <p>https://www.va.gov/oaa/hpt-eligibility.asp</p> <p>https://www.va.gov/OAA/docs/2021HPTInstructionsv4_1.pdf</p>	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
<p>The Montana VA Health Care System Psychology Internship program is a good fit for students who are interested in developing strong generalist skills to function effectively as psychologists in an interprofessional treatment setting. In particular, the internship seeks students <i>with experience or interest in rural or veteran mental health care</i>. We are seeking candidates who have strong academic backgrounds and are skilled in diagnostic assessment and interventions. We are committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status.</p>

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	Yes	No	Amount: 300
Total Direct Contact Assessment Hours	Yes	No	Amount: 50

Describe any other required minimum criteria used to screen applicants:
Our internship seeks students from APA, CPA, or PCSAS accredited Ph.D. or Psy.D. clinical or counseling programs who are in good standing. Applicants must have completed at least 3 years of academic study, have completed their comprehensive or qualifying exams, and have successfully proposed their dissertation.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$26,297	
Annual Stipend/Salary for Half-time Interns	0	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): <i>Time off for Annual Federal Holidays (11 days) provided and up to 40 hours of professional development release time.</i>		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	1	0
Veterans Affairs Health Care System	3	5
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	2	0
Other	1	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

